

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

IN RE:

PROBATE DIVISION

CASE NO.: _____

FBN: _____ **TIN:** _____

COURT APPOINTED COUNSEL'S SHORT FORM MOTION FOR ATTORNEY'S FEES AND COSTS

I, _____, was appointed by Judge _____ on _____ to represent the respondent, _____, as court appointed counsel, and pursuant to sec. 27.5304, Fla. Stat. (2004), I move for fees and costs, and show:

1. I am on the Indigent Services Committee's (ISC) Probate / Guardianship Registry in this Circuit.
2. I am am not counsel of record; I am/was am/was not successor counsel.
3. I am billing because the case is closed **or** I have represented the client for at least one year in this case.
4. Since being appointed to this case, I have not received a payment **or** I have previously received payment(s) for this case from Miami-Dade County or the JAC in the amount of \$ _____ on _____ for _____.
5. The Justice Administrative Commission (JAC) has received and reviewed my bill (Exhibit "A"), has has not objected to it, and has has not waived notice of a hearing on this motion (Exhibit "B").
6. My bill for fees and costs is true and accurate, the billings are reasonable and necessary, and I have complied with all applicable ISC and JAC rules, regulations, policies, and procedures.

- Incapacity Proceedings, Chapter 744, Florida Statutes**
- Restoration (Suggestion of Capacity) Proceedings, Chapter 744, Florida Statutes**
- Adult Protective Services, Chapter 415, Florida Statutes**
- Involuntary Placement, Chapter 394, Florida Statutes (Baker Act)**
- Tuberculosis, Chapter 392, Florida Statutes**
 - 5 hours or less \$ 325
 - over 5 to 10 hours \$ 650
 - over 10 to 25 hours \$ 975
- Substance Abuse Assessment, Chapter 397, Florida Statutes (Marchman Act)**
- Substance Abuse Treatment Hearings, Chapter 397, Florida Statutes**
- Substance Abuse Contempt Hearings, Chapter 397, Florida Statutes**
 - \$ 250 (Flat Fee)

WHEREFORE, I move the court to grant my motion and order the JAC to pay me attorney's fees in the amount of \$ _____, plus costs in the amount of \$ _____ for a **TOTAL** amount of \$ _____.

I HEREBY CERTIFY that a true and correct copy of this motion was served by U.S. Mail upon the Justice Administrative Commission, P.O. Box 1654, Tallahassee, FL 32302 on _____.

Attorney: _____

Address: _____

Tel./Fax: _____