

ADMINISTRATIVE OFFICE OF THE COURTS
CIRCUIT COURT ATTORNEY AD LITEM REPORT FORM

Attorney Ad Litem: _____ Judge: _____
(please print)

Attorney Address: _____ Telephone _____

County: _____ Judicial Circuit #: _____ Case Docket #: _____

Date Appointed: _____ # of children represented _____ Ages of children _____

Duration of Appointment: _____

Type of case or issue: ___ divorce ___ paternity ___ guardianship
 ___ initial custody ___ custody modification ___ other

___ Please attach statement showing breakdown of fees and expenses, time spent, and hourly rate. Hourly rate is not to exceed \$90.00 per hour. Total fee and out-of-pocket expenses are not to exceed \$1,250.00.

Amount requested for ad litem services:

Attorney fee \$ _____

out-of-pocket expenses \$ _____

Total requested \$ _____

Was a portion of fee paid by others? ___ yes ___ no. If yes, by whom? _____

Services requested on behalf of child(ren): ___ psychological ___ educational ___ medical
___ parenting ___ mediation ___ other (describe): _____

Services ordered: ___ psychological ___ educational ___ medical ___ parenting
___ mediation ___ other (describe): _____

Attorney Signature: _____

Bar #: _____ Date: _____

Report must be returned to AOC before payment can be made.