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

	Attorney Ad Litem:	Judge:			
		(Please print)			
	Attorney Address:		Telephone:		
	County: J	fudicial Circuit #:	Case Docket	#:	
	Date Appointed:	# of children repres	ented Ages of chi	ldren	
	Duration of Appointment	t:			
	Type of case or issue:	divorce	paternity	guardianship	
		initial custody	custody modification	other	
	**Please attach statement shrate is not to exceed \$90.00 p \$125.00 per hour for work d exceed \$1,250.00.	oer hour for work done p	rior to July 1, 2023. Hourly	rate is not to exceed	
	Amount requested for ad litem services:				
	Attorney fee		\$	_	
	out-of-pocket expenses		\$	_	
	Total requested (not to be	e more than \$1250)	\$	_	
Was a	portion of fee paid by others'  Services requested on be	•			
	Services requested on behalf of child(ren):psychologicaleducational medicparentingmediationother (describe):				
	Services ordered:ps	sychologicaleducation	alparenti	ng	
	mediationothe	er (describe):			
	Attorney S	Signature:			
	Bar #:		Date:		

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