

## PRIVATE CONTESTED ADOPTIONS QUARTERLY REIMBURSEMENT FORM

| County Name:                       |  |         |                         |      |
|------------------------------------|--|---------|-------------------------|------|
|                                    |  |         |                         |      |
| Date:                              |  |         | Invoice No.:            |      |
| Quarter:                           |  |         | Year:                   |      |
|                                    |  |         |                         |      |
| County Point of Contact:           |  |         | County Billing Address: |      |
| Name:                              |  |         | Address:                |      |
| Title:                             |  |         | City:                   |      |
| Email:                             |  |         | State:                  | Utah |
| Phone:                             |  |         | Zip:                    |      |
|                                    |  |         |                         |      |
| Total No. of Cases:                |  |         |                         |      |
| Total Attorney Fees:               |  |         |                         |      |
| Total Paralegal Fees:              |  |         |                         |      |
| Total Defense Resources & Mileage: |  |         |                         |      |
| Total Request for Reimbursement:   |  | \$ 0.00 |                         |      |
|                                    |  |         |                         |      |
| Comments:                          |  |         |                         |      |
|                                    |  |         |                         |      |
|                                    |  |         |                         |      |

## **Reimbursement Application Process and Eligibility:**

If a county applies for reimbursement, the county must submit the reimbursement form by email to IDC@utah.gov, subject line: "Contested Adoptions - Reimbursement Request - County Name," within 20 days of the end of the quarter. For the quarter ending June 30, the deadline to submit is July 15.

The following supporting documentation must be attached:

- 1. Attorney itemized invoices with supporting documentation (orders of appointment, itemized receipts, and any required pre-authorizations).
- 2. Proof of payment by the county.

Eligible expenses are attorney fees up to \$75/ hour, paralegal services up to \$40/hour, mileage when traveling at least 50 miles roundtrip to provide services within a county of the 3rd through 6th class, and defense resource expenses (pre-authorization from the County is required for any single defense resource expense exceeding \$500).

A Qualifying Matter is one where a district court judge issues an order requiring the county to provide representation, or appointing attorney to provide representation, for an indigent legal parent who opposes a "Notice of Petition to Adopt and Notice of Rights," or a "Petition to Terminate Parental Rights" or their equivalent; or a juvenile court judge issues an order requiring the County to provide representation, or appointing Attorney to provide representation, for an indigent legal parent who opposes a "Petition to Terminate Parental Rights" or its equivalent.