# ORPHANS' COURT FILING PROCEDURE AND INSTRUCTIONS REQUESTS FOR ATTORNEY COMPENSATION IN VOLUNTARY AND INVOLUNTARY TERMINATION OF PARENTAL RIGHTS MATTERS FOR MINORS

In recognition of the fact that the procedures of the Juvenile Division differ from those of the Orphans' Court Division regarding requests for attorney compensation for services rendered pursuant to court appointments, set forth below is the **Orphans' Court Procedure** for all attorneys who are appointed by the Orphans' Court Division as either guardians ad litem or as counsel in parental termination cases.

### **STEP 1: Complete the Following Forms**

<u>Note:</u> When completing the following forms use only minor's initials and Orphans' Court captions and file numbers, not dependency captions/file numbers.

- Certification of Contract Attorney Time Spent on Parental Termination Case (Page 2 of this document)
- Exhibit A (Page 4 of this document)

#### **STEP 2: Attach Exhibits**

The following **must** be attached as exhibits to each *Certification of Contract Attorney Time Spent on Parental Termination Case* submitted:

- Exhibit A An itemized statement of services rendered on letterhead that
  includes the date, description of services and time expended, and a reference
  to the case number and the minor's initials.
- Exhibit B If applicable, a compilation of copies of any receipts for costs advanced with a reference to the case number and the minor's initials.

#### STEP 3: File with Clerk of Orphans' Court

File directly with the Clerk of the Orphans' Court Division located in Room 123, on the 1<sup>st</sup> floor of the Lehigh County courthouse, 455 West Hamilton Street, Allentown PA 18101. **DO NOT** submit requests for attorney compensation to the chambers of the appointing judge, to the juvenile court operations officer, or to court administration.

## """""IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA QTRJ CP U)COURT DIVISION

In re: Termination of Parental Rights to	: : File No(s) :
	: :
	:
•	me Spent on Parental Termination Case through
I. Attorney Information	
Name:	
Office phone number:	Office fax number:
Email:	
Office address:	
Counsel for: Minor[s]	
II. Case Information	
Assigned Judge:	
Hearing type and dates:	
\$2501 Voluntary reling	uishment
Hearing date[s]:	
\$2511 Involuntary term	ination
Hearing date[s]:	
Appeal of:	
☐ Mother	☐ Father

I certify that I spe	ent	hours and advanced	costs totaling	in the
above case during the per	riod	, tl	nrough	,
which time and costs are	more fully desc	ribed in the itemized s	tatement of services r	endered and costs
advanced that is attached	hereto as Exhib	oit A; receipts for costs	advanced, if any, are	attached as
collective Exhibit B. Thi	is expenditure of	f time and costs was re	easonable and necessa	ry to fully represen
the interest of the client.				
Date:		Signature of coun	sel:	

	Phone:	Fax:	_
In re: Term	nination of Parental Rights to	Gzj kdkv C : : File No(s) : : :	
Services Re	endered and Costs Advanced as	s Court-Appointed Counsel for	or Minor[s]
Date:	Description of Profession	nal Services Rendered:	Hours:
		Total hours:	
Date:	Description of Costs Adv	vanced (Attach receipts)	Amount
		Total costs:	