

**[ ] ORIGINAL [ ] DUPLICATE  
COURT VERIFICATION FORM**

**FOR COURT-APPOINTED PARENT'S ATTORNEY IN FC-S CASES**

INSTRUCTIONS

1. The attorney shall complete the following information below **before** submission to the Court Clerk at the hearing/trial:
  - ▶ Case Name
  - ▶ Case No.
  - ▶ Name of Attorney
  - ▶ Date of Hearing
  - ▶ Name of Judge
  - ▶ Type of Hearing
2. The Court Clerk shall verify the start and end time of the hearing/trial, sign this form and return the form to the attorney.
3. The attorney shall attach this verification form to his/her *Invoice for Attorney's Fees and Costs*.

**CASE NO.:** FC-S No. \_\_\_\_\_

**CASE NAME:** \_\_\_\_\_

**NAME OF ATTORNEY:** \_\_\_\_\_

**DATE OF HEARING:** \_\_\_\_\_

**SCHEDULED HEARING TIME:** \_\_\_\_\_

**TYPE OF HEARING:** \_\_\_\_\_

**START TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**CLERK'S SIGNATURE:** \_\_\_\_\_

**PRINT CLERK'S NAME:** \_\_\_\_\_

**NAME OF JUDGE:** \_\_\_\_\_