DEPENDENCY COURT REPRESENTATION REPORT
Court Appointed Counsel for Indigent Parents
Fiscal Year _____

_____ CIRCUIT

REPORTING FOR DEPENDENCY COURT DATA FOR
QUARTER ENDING _____, _____

COUNTY	TOTAL DEPENDENCY PETITIONS FILED	NUMBER ACCEPTED AS INDIGENT	CONTRACT ATTORNEY FEES

Please remit the completed form to: Justice Administrative Commission
Attention: Accounting Director
Post Office Box 1654
Tallahassee, Florida 32302

I certify that the above information presented in this report is true and correct. The case data reflects the appointment of counsel in dependency actions from the initiation of filing shelter petitions. It does not include cases where termination of parental rights (TPR) has been initiated.

Typed Name/Title: Person Completing Form_____ Telephone Number _____

Signature: Person Completing Form_____ Date_____

Typed Name: Court Administrator_____ Telephone Number_____

Signature: Court Administrator_____ Date_____

\\Snap\Accounting\Child Dependency\Dependency Court Qtrly Report Form.doc
Last printed 10/24/2003 2:32 PM

Attachment # 3
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