

CPS Private Attorney Compensation Form

Check here for final payment
Check here for interim payment
Check for initial payment

For initial payment requests please select when you were appointed to case

Section I: Attorney Information

Attorney Name:
Bar Number:
Tax ID #:
Address:
Phone #:
Email Address:

Other

Section II: Case Information

Cause #: _____ Date of Appointment: _____
Style (use initial for minors): _____
Judge Presiding: _____
In the District of: _____, Texas _____ Judicial district OR Child Protection Court

Case ID (Select all that apply):

Temporary Managing Conservatorship _____ Court Ordered Services (motion to participate in services) _____
Permanent Managing Conservatorship _____ Appeal _____

Name of person(s) represented (use initial for minors) _____

Child or children _____ Number of children represented, _____

Custodial parent (living with child at time of legal filing):

Mother
Father (paternity is established)
Mother and Father

Non-parent Conservator:

Custodial Conservator (person with whom child was living at time of legal filing)
Non-custodial Conservator (not living with child at time of legal filing)
Unlocated Conservator (Identity known, location unknown)

Non-Custodial parent (not living with child at time of legal filing and/or paternity not established)

Mother
Father
Mother and Father
Unknown father (Identity unknown)
Unlocated father (Identity known, location unknown)
Alleged Father (paternity not legally established)

Appeal - Adult
Appeal - Child or Children

Section III: Compensation Information:

Dates of Service: _____ Through _____
I Request Payment of: \$ _____
This Represents: _____

Attorney Hours (Attorney hours including):

Hours of client contact (meeting/phone call) _____
Hours of court time _____
Hours of out of court time, at a rate of, \$ _____
Travel time hours, at a rate of, \$ _____

Total Hours: _____

Non-Attorney Hours:

Paralegal hours, at a rate of, \$ _____
Investigators, at a rate of, \$ _____
Expert witness, at a rate of, \$ _____
Social worker, at a rate of, \$ _____
Other litigation expenses at a rate of, \$ _____

Total Hours: _____

I certify the hours worked were reasonable and necessary. The expenses incurred were reasonable and necessary. Accurate details are attached.

Signature

*Attachment: Attach a detailed list of dates worked, services performed, time, and expenses

Fee Approval:

Payment of fees as described in the above invoice is approved in the amount of \$ _____ because the Court finds this amount of reflect reasonable and necessary attorney fees to the disposition of the case.

The following adjustments were made to the fee request \$ _____, because the Court Finds this amount to reflect reasonable and necessary attorney fees to the disposition of the case and the payment of fees of \$ _____, amount has been approved.

The Court has determined that this individual is legally qualified and eligible for court appointment.

COUNTY COURT AT LAW JUDGE

SIGNATURE

DATE

ASSOCIATE JUDGE

SIGNATURE

DATE