Drafted: 05/1/20

<b>CPS Private Attorne</b>	v Compensation	<b>Form</b>
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Section	I:	Attorney	Inform	ation

Attorney Name:		
Bar #:	Tax ID#	
Address:		
Phone #:	<b>Email Address:</b>	

## Section II: Case Information

Cause #:		<b>Date of Appointment</b>	
<b>Style</b> (use initial for minors):			
Judge Presiding:			
In the district of:	, Texas		Judicial district OR Child Protection Court
Case ID			
Temporary managing co	nservatorship		
Court ordered services (r	notion to participate in service	es)	
Name of person(s) represen	nted		
(use initial for minors)			
☐ Child or chil ☐ Number child	aren represented.	☐ Father	
─ Mother ☐ Custodia arent		Un own fa	parent er er

## **Section III:** Compensation Information

Dates of Service	Through		
I request payment of:	\$		
This represents:			
Attorney Hours:		Non-Attorney Hours:	
attorney hours including:		paralegal hours, at a rate of,	
hours of client contact (meetings/phone calls)		investigators, at a rate of,	
hours of court time		expert witness, at a rate of,	
hours of out of court time, at a rate of, (if		social worker, at a rate of,	
different)		other ligation expenses, at a rate of,	
travel time hours, at a rate	of,(if		
different)			

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

Signature			

