Drafted: 08/2/21 Revised: 09/21/21

CPS Private Attorney Compensation Form

Check here for final payment

Check here for interim payment

Section I: Attorney Information	**For initial payment requests please select when you were appointed to case**
Attorney Name:	
Bar Number:	Other
Tax ID #:	
Address:	
Phone #:	
Email Address:	
Section II: Case Information	
Cause #: Date of Appointme	ent:
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):	Non-parent Conservator:
Mother	Custodial Conservator (person with whom child was living at time of legal filing
Father (paternity is established)	Non-custodial Conservator (not living with child at time of legal filing)
Mother and Father	Unlocated Conservator (Identity known, location unknown)
Non-Custodial parent (not living with child at time of legal filing	Appeal - Adult
Mother and/or paternity not established)	
Father	Appeal - Child or Children
Mother and Father	
Unknown father (Identity unknown)	
Unlocated father (Identity known, location unknown)	
Alleged Father (paternity not legally established)	
Section III: Compensation Information:	
	hrough
I Request Payment of: \$	
This Represents:	
Attorney Hours (Attorney hours including):	<u>Non-Attorney Hours:</u>
Hours of client contact (meeting/phone call)	Paralegal hours, at a rate of, \$
Hours of court time	Investigators, at a rate of, \$
Hours of out of court time, at a rate of, \$	Expert witness, at a rate of, \$
Travel time hours, at a rate of, \$	Social worker, at a rate of, \$
Total Hours:	Other litigation expenses at a rate of, \$ Total Hours:
I certify the hours worked were reasonable and necessary. The expense	rour 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 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.

SIGNATURE

DATE

ASSOCIATE JUDGE

SIGNATURE

DATE