Tarrant County CPS Appointed Attorney Compensation Form

Check for initial payment Check here for interim payment

Check here for interim payment Check here for final payment

Section I: Attorney Information

Attorney Name:

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

| Attorney Name. | | and of infinite payment requests peace select when you were appointed | |
|--|--|---|--|
| Bar Number: | | | |
| Address: | Other | | |
| Section II: Case Information | | | |
| Cause #: | Date of Appoir | ntment: | |
| Style (use initial for minors): | | | |
| Judge Presiding: | | | |
| In the District Court of Tarrant C | County, Texas | | |
| Case ID: | | | |
| Temporary Managing Co | onservatorshin | Court Ordered Services (motion to participate in services) | |
| Permanent Managing Co | | Appeal | |
| Name of person(s) represented (use in | nitial for minors) | | |
| Party Represented (Complete box | c that applies): | | |
| Child or children: | | | |
| Nu | umber of children represented | | |
| Custodial parent (living with child a | t time of legal filing): | Appeal: | |
| Non-Custodial parent (not living w | ith child at time of legal filing: | | |
| | | | |
| Section III: Compensation Inform | nation: | | |
| Dates of Service: | | | |
| I Request Payment of: | | | |
| This Represents: | | | |
| Attorney Expense (Attorney hours incl | luding): | Non-Attorney Expense (585167): | |
| Hours of court time, at a rate of \$150.00 = | | Investigators expense | |
| Hours of out of court time, at a rate of | | Expert witness expense | |
| | | Other litigation expense | |
| Total Hours | Total Amount | Total Amount | |
| | | and necessary. No in-county travel time has been included in this billing record. If I been fairly divided among each case. Accurate details are attached.* | |
| Attorney Signature | | | |
| *Attachment: Attach a detailed list of | of dates worked, services performed, tin | ne, and expenses. | |
| Fee Approval: | e Approval: (THIS SECTION COMPLETED BY THE COURT) | | |
| Payment of fees as described | d in the above invoice is approved i | in the amount of \$ | |
| The following adjustments because the Court finds th | were made to the fee request: is amount to reflect reasonable an | necessary attorney fees to the disposition of the case. \$ attorney expenses and/or \$ non-attorney expense, and necessary attorney fees to the disposition of the case and the payment of fees of | |
| \$, has been ap | proved. | Poforonco Number | |
| | | Reference Number | |
| DATE SIGNED | JUDGE PRESIDING | Attorney Expenses | |
| | | | |
| | ASSOCIATE JUDGE | Non-Attorney Expenses | |