



**Office of the Juvenile Referee  
 Juvenile Justice Department  
 County of Galveston**

**Kerri M. Foley  
 Juvenile Referee**

Attorney's Full Name:	Attorney's Mailing Address:
Attorney's Telephone Number:	Attorney's Fax Number:
State Bar Number:	Tax ID Number (or Social Security number)

Attorney of the month during the month of \_\_\_\_\_ **\$2,200.00**

Cases in excess of 15: \_\_\_\_\_ X \$100.00 = \$ \_\_\_\_\_

Other (Include date and description of additional services rendered or attach detailed billing statement):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL REQUESTED** \$ \_\_\_\_\_

**I, the undersigned attorney, am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness of the above listed services performed.**

\_\_\_\_\_  
 Attorney's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Referee/Judge Presiding

\_\_\_\_\_  
 Date