

Hill County CPS Private Attorney Compensation Form

Section I: Attorney Information

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

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
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):

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 Out of Court time, at a rate of \$
Total Hours

Days of In Court Time- **please list each day**

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, \$

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.

**DISTRICT / COUNTY COURT AT LAW
JUDGE**

SIGNATURE

DATE

ASSOCIATE JUDGE

SIGNATURE

DATE