

Attorney Compensation Form

Check here for final payment
Check here for interim payment - CPS & Juvenile
Check for initial payment
For initial payment requests please select when you were appointed to case

Section I: Attorney Information

Attorney Name:
Bar Number:
Tax ID #:

Phone #:
Email Address:
Address:

Section II: Case Information

Style (use initial for minors):
Judge Presiding:

Date of Appointment:

Case No.:

County: _____, Texas Court _____ Judicial District _____ County _____

Section III: Civil Case ID (Select all that apply):

Temporary Managing Conservatorship
Permanent Managing Conservatorship

Court Ordered Services (motion to participate in services)
Appeal - Adult

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-Custodial parent (not living with child at time of legal filing and/or paternity not established)

Mother

Mother

Father (paternity is established)

Father

Mother and Father

Mother and Father

Non-parent Conservator:

Unknown father (Identity unknown)

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 father (Identity known, location unknown)

Unlocated Conservator (Identity known, location unknown)

Alleged Father (paternity not legally established)

Section IV: Criminal Case ID (Select all that apply):

Trial - Jury

Plea Bargain

Trial - Court

Dismissal

Plea - Open

Other:

Flat Fee - Court Appointed Services

In Court and Out of Court Services

Appeal (Attach Itemized billing) _____ Hours Billed

(Attach Itemized billing)

Hours Billed:

Section V: Juvenile Case ID (Select all that apply):

Detention Hearing

Jury Trial

Adjudication Hearing

In Court and Out of Court Services

(Attach Itemized billing)

Hours Billed:

Section VI: Compensation

Information: Dates of

Through

Service: I Request Payment of:

This Represents:

Attorney Certification: I, the undersigned, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel.

Court Appointed Attorney (PRINTED NAME)

Court Appointed Attorney (SIGNATURE)

Attachment: Attach a detailed list of dates worked, services performed, time, and expenses, if required.

Date: _____

SIGNATURE OF PRESIDING JUDGE:

Date: _____ Amount Approved: \$ _____

Reason(s) for Denial or Variation: _____

Payment requests must be submitted within 60 days of completion of the work.