

**CPS Private Attorney Compensation Form**

**Section I: Attorney Information**

<b>Attorney Name:</b>			
<b>Bar #:</b>		<b>Tax ID #</b>	
<b>Address:</b>			
<b>Phone #:</b>		<b>Email Address:</b>	

**Section II: Case Information**

<b>Cause #:</b>		<b>Date of Appointment</b>	
<b>Style</b> (use initial for minors):			
<b>Judge Presiding:</b>			
<b>In the district of:</b>	, Texas		<b>Judicial district OR Child Protection Court</b>
<b>Case ID</b>			
<input type="checkbox"/> Temporary managing conservatorship Court ordered services (motion to participate in services)		Appeal	
<b>Name of person(s) represented</b> (use initial for minors)			
<input type="checkbox"/> Child or children <input type="checkbox"/> Number of children represented, ____.  <input type="checkbox"/> Mother <input type="checkbox"/> Custodial parent <input type="checkbox"/> Non-custodial parent <input type="checkbox"/> Unlocated	<input type="checkbox"/> Father <input type="checkbox"/> Custodial parent <input type="checkbox"/> Non-custodial parent <input type="checkbox"/> Unknown father <input type="checkbox"/> Unlocated father <input type="checkbox"/> Alleged Father		

**Section III: Compensation Information**

<b>Dates of Service</b>	_____ <b>Through</b> _____
<b>I request payment of:</b>	\$ _____
<b>This represents:</b>	
<b>Attorney Hours:</b> _____ attorney hours including: _____ hours of client contact (meetings/phone calls) _____ hours of court time _____ hours of out of court time, at a rate of, _____ (if different) _____ travel time hours, at a rate of, _____ (if different)	<b>Non-Attorney Hours:</b> _____ paralegal hours, at a rate of, _____ _____ investigators, at a rate of, _____ _____ expert witness, at a rate of, _____ _____ social worker, at a rate of, _____ _____ other ligation 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.

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**Fee Approval:**

Payment of fees as described in the above invoice is approved in the amount of \$ \_\_\_\_\_ because the Court finds this amount to 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 under law.

**DISTRICT JUDGE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**ASSOCIATE JUDGE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE