

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 amount reflects the in court, out of court, plus any other Non-Attorney Hours.**

This Represents:

Attorney Hours (Attorney hours including):

Total hours of Out of Court time

x Billing at \$100 / hour, Out of Court Time

\$ **Total Out of Court Fees**

\$ Days of In Court Time **please list each day.**

\$100 per 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, \$

\$ **Grand total of all time combined charges. This number matches the payment request amount above for compensation.**

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