

### CPS Private Attorney Compensation Form

Check here for final payment  
Check here for interim payment  
Check for initial payment

*\*\*For initial payment requests please select when you were appointed to case\*\**

**Section I: Attorney**

**Information** Attorney Name:

Bar Number:

Phone #

Other

Tax ID #:

Address:

Email:

**Section II: Case Information**

Date of Appointment:

Cause #:

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:**

Through

Dates of Service:

I Request Payment of: \$

This Represents:

**Attorney Hours (Attorney hours including):**

Hours of client contact (meeting/phone call)

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

Travel time hours, at a rate of, \$

Hours of court time, at a rate of \$

**Total Hours:**

**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, \$

**Total Hours:**

*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 of \$  
, because the Court Finds this amount to reflect reasonable and  
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 JUDGE SIGNATURE

DATE

ASSOCIATE JD. SIGNATURE

DATE