

# 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:  
Tax ID #:  
Address:  
Phone #:  
Email Address:

Other

## 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 (paternity is established)  
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 and/or paternity not established)**

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 court time \_\_\_\_\_  
Hours of out of court time, at a rate of, \$ \_\_\_\_\_  
Travel time hours, 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 \$ \_\_\_\_\_, 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 JUDGE**

SIGNATURE

DATE

**ASSOCIATE JUDGE**

SIGNATURE

DATE