

**CPS ATTORNEY FEE EXPENSE CLAIM FORM
STARR COUNTY, TEXAS**

CASE INFORMATION

Cause# _____ **In the Interest of: (use initials for minors)** _____ **Date of Appointment** _____

Presiding Judge: _____ of Starr County, Texas

229th Dist. Court 381st Dist. Court County Court At Law County

- Check Here for Initial Payment
 Check Here for Interim Payment
 Check Here for Final Payment

Name of Person(s) Represented: _____
 Child(ren) _____ No. of Children Represented

Custodial Parent: (living with child at time of legal filing):

- Mother
 Father (paternity is established)
 Mother & Father

Case ID (Select all that apply)

- Temporary Managing Conservatorship
 Permanent Managing Conservatorship
 Appeal-Child(ren) Appeal-Adult
 Court Ordered Services
 (motion to participate in services)

Non-Custodial Parent: (not living w/child at time of legal filing and/or paternity not established)

- Mother
 Father
 Mother & Father
 Unknown Father (Identity Unknown)
 Unlocated Father (Identity Known, Location Unknown)
 Alleged Father (paternity not legally established)

Non-Parent Conservator:

- Custodial Conservator (person w/ whom child was living at time of legal filing)
 Non-Custodial Conservator (not living w/child at time of legal filing)
 Unlocated Conservator (identity unknown, location unknown)

ATTORNEY INFORMATION

Attorney (Full Name): _____ **State Bar Number:** _____
Mailing Address: _____ **Tax ID Number:** _____
Email Address: _____ **Phone Number:** _____

COMPENSATION INFORMATION

Dates of Service: _____ through _____ **Payment Request \$** _____

This Represents: _____

Required attachments of detailed list of dates worked, services performed, time and expenses incurred.

Attorney Fee Schedule				Non-Attorney Fee Schedule			
	Rate	Hours	Total Amount		Rate	Hours	Total Amount
Client Contact	_____	_____	= _____	Paralegal	_____	_____	= _____
In-Court Time	_____	_____	= _____	Investigator	_____	_____	= _____
Out-Of-Court Time	_____	_____	= _____	Expert Witness	_____	_____	= _____
Travel Time	_____	_____	= _____	Social Worker	_____	_____	= _____
Total Hours		<input type="text"/>		Other Litigation Exp	_____	_____	= _____
				Total Hours		<input type="text"/>	

I, _____ ATTORNEY AT LAW, SWEAR OR AFFIRM TO THE COURT AND TO THE COUNTY AUDITOR THAT THE INFORMATION CONTAINED ABOVE IS TRUE AND CORRECT, AND PAYMENT WOULD NOT BE CONTRARY TO THE FEE SCHEDULE ADOPTED BY THE BOARD OF JUDGES PURSUANT TO TEXAS FAMILY CODE SECTION 107.015. I FURTHER SWEAR OR AFFIRM THAT I HAVE NOT RECEIVED NOR WILL RECEIVE ANY MONEY OR ANYTHING ELSE OF VALUE FOR REPRESENTING THE CLIENT(S) AND I FURTHER AFFIRM OR SWEAR THAT I HAVE NOT SUBMITTED DUPLICATE TIME CHARGES FOR THE SAME HOURS CHARGED IN ANY OTHER CASE.

Attorney Signature

Date

FEE AUTHORIZATION

PAYMENT OF FEES AS DESCRIBED IN THE ABOVE INVOICE IS APPROVED AS AUTHORIZED BELOW BECAUSE THE COURT FINDS THIS AMOUNT TO REFLECT REASONABLE AND NECESSARY ATTORNEY FEES TO THE DISPOSITION OF THE CASE. THE COURT HAS DETERMINED THAT THIS INDIVIDUAL IS LEGALY QUALIFIED AND ELIGIBLE FOR COURT APPOINTMENT.

Reason for Adjustment

- Incorrect/Excessive Rate
 Other:

District Judge Signature

\$ _____
Amount Authorized

Date