

**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	_____	_____	= _____
<b>Total Hours</b>		<input type="text"/>		Other Litigation Exp	_____	_____	= _____
				<b>Total Hours</b>		<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**