

## 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