

CPS ATTORNEY FEE VOUCHER

Section I: Attorney Information

| | |
|----------------|--|
| Attorney Name: | |
| Bar Number: | |
| Firm Name: | |
| Address: | |
| Phone Number: | |
| Email: | |

| | |
|--|--|
| PO# <i>(office use only)</i> | |
| CPS ACCT: 1000-410-63380-999 | |
| <input type="checkbox"/> INITIAL PAYMENT | |
| <input type="checkbox"/> INTERIM PAYMENT | |
| <input type="checkbox"/> FINAL PAYMENT | |

Section II: Case Information

| | | | |
|---|--|------------------------|--|
| Cause Number: | | Date of Appointment: | |
| Case Style: <i>(use initials for minors)</i> | | | |
| Judge Presiding: | James R. Beeler, County Court at Law Judge | | |
| In the County of: | Calhoun County, Texas | Child Protection Court | |

Case ID (select all that apply):

| | |
|---|---|
| <input type="checkbox"/> Temporary Managing Conservatorship | <input type="checkbox"/> Court-Ordered Services |
| <input type="checkbox"/> Permanent Managing Conservatorship | <input type="checkbox"/> Appeal |

Name of Person(s) Represented:*(use initials for minors)*

| | |
|--|--|
| | |
| <input type="checkbox"/> Child or Children <input type="checkbox"/> Number of Children Represented: <input type="checkbox"/> Mother <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> Unlocated Mother | <input type="checkbox"/> Father <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> Unknown Father <input type="checkbox"/> Unlocated Father <input type="checkbox"/> Alleged Father |

Section III: Compensation Information

| | | | |
|--|--|---|--|
| Dates of Service: | | - | |
| I am requesting a payment of: | \$ _____ | | |
| Attorney Hours: | Non-Attorney Hours: | | |
| ____ Hours of Client Contact <i>(meetings/phone calls)</i> | ____ Paralegal Hours, at a rate of: \$ _____ | | |
| ____ Hours of Court Time | ____ Investigators, at a rate of: \$ _____ | | |
| ____ Hours of Out of Court time, at a rate of: \$ _____ | ____ Expert Witness, at a rate of: \$ _____ | | |
| ____ Travel Time Hours, at a rate of: \$ _____ | ____ Social Worker, at a rate of: \$ _____ | | |
| Total Hours: | ____ Other Litigation Expenses, at a rate of: \$ _____ | | |

I certify that the hours worked were reasonable and necessary. The expenses incurred were reasonable and necessary. Accurate details are attached.

Signature

Date

**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:
\$ _____
- The following adjustments were made to the fee request: \$ _____, as the Court finds this amount to be reasonable and necessary for the disposition of the case and the payment fees of:
\$ _____. The amount has been approved.
- The Court has determined that this individual is legally qualified and eligible for court appointment.

JAMES R. BEELER
COUNTY COURT AT LAW NO. 1

DATE