

CPS Cases - Attorney Fee Voucher

33RD / 424TH Judicial District Courts

Choose One

FINAL PAYMENT _____

PARTIAL PAYMENT _____

CHOOSE ONE:

CUSTODIAL PARENT _____
 NON-CUSTODIAL PARENT _____
 NON-PARENT CONSERVATOR _____

CHILD(REN) _____
 ADULT APPEAL _____
 CHILD(REN) APPEAL _____

County		Cause Number	In the Interest of:		
Attorney (Full Name)		Attorney Address (Include Law Firm Name)		Telephone Number	
State Bar Number	Tax ID Number				Email Address
In Court Services			Hours	Dates	Total In Court Compensation.
Rate per Hour = \$75.00	Total Hours (max = 10 hrs total per case) =				\$
Out of Court Services			Hours	Dates	Total Out of Court Compensation.
Rate per Hour = \$75.00	Total hours (max = 10 hrs total per case) =				\$
Litigation Expenses				Amount	Total Litigation Expenses
If an attachment to detail services is used, please indicate here and still show totals on this page, or if you have additional comments:					Total Compensation & Expenses Claimed \$
Attorney Certification – I, the undersigned attorney, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel.					
_____ Signature			_____ Date		
SIGNATURE OF PRESIDING JUDGE:					Amount Approved:
					\$
Reason(s) for Denial or Variation					

INSTRUCTIONS:

1. SHOW ONLY ONE CASE PER VOUCHER
2. ATTACH PAID INVOICES AND TIMESHEETS AS APPLICABLE
3. FILL IN ALL APPLICABLE SECTIONS AND CERTIFY YOUR APPEARANCE.