

**CPS Private Attorney Compensation Form**

\_\_\_\_ *Initial Payment, (when appointed,* \_\_\_\_\_) \_\_\_\_ *Interim Payment* \_\_\_\_ *Final Payment*

**Section I: Attorney Information**

Attorney Name: \_\_\_\_\_  
Bar Number: \_\_\_\_\_  
Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Section II: Case Information**

Cause #: \_\_\_\_\_  
Date of Appointment: \_\_\_\_\_  
Style (use initial for minors): \_\_\_\_\_

Judge Presiding: \_\_\_\_\_  
In the District of: **MILAM**, Texas  
**20<sup>TH</sup>** Judicial district OR Child Protection Court

**Case ID (select all that apply):**

\_\_\_ Temporary Managing Conservatorship  
\_\_\_ Permanent Managing Conservatorship

\_\_\_ Court Ordered Services (motion to participate in services)  
\_\_\_ Appeal

Name of person(s) represented (use initials for minors) \_\_\_\_\_

\_\_\_ Child or children

\_\_\_ Number of children represented

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

\_\_\_ Mother

\_\_\_ Father (paternity established)

\_\_\_ Mother and Father

**Non-parent conservator:**

\_\_\_ Custodial conservator (person with whom the child was living at time of legal filing)

\_\_\_ Non-custodial Conservator (not living with child at time of legal filing)

\_\_\_ Unlocated Conservator (Identity unknown, location unknown)

**Non-custodial parent (not living with child at time of legal filing and/or paternity not established)**

\_\_\_ Mother

\_\_\_ Unknown father (identity unknown)

\_\_\_ Father

\_\_\_ Unlocated father (identity known, location unknown)

\_\_\_ Mother and Father

\_\_\_ 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 Represents: **\*\*Attach a detailed list of dates worked, services performed, time, and expenses.\*\***

**Attorney Hours:**

Hours of client contact  
(meeting/phone) \_\_\_\_\_

Hours of Court Time \_\_\_\_\_

Hours out of Court time, at rate of \$ \_\_\_\_\_ Investigators, at rate of \$ \_\_\_\_\_

Travel Time Hours, at rate of \$ \_\_\_\_\_ Expert Witness, at rate of \$ \_\_\_\_\_

**Non-Attorney Hours:** Social Worker, at rate of \$ \_\_\_\_\_

Paralegal Hours, at rate of \$ \_\_\_\_\_ Other litigation expenses, at rate of \$ \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Fee Approval:**

- Payment of fees as described in the above invoice is approved in the amount of \$ \_\_\_\_\_ because the Court finds this amount to 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 \$ \_\_\_\_\_, amount has been approved.
- The court has determined that this individual is legally qualified and eligible for court appointment.

\_\_\_\_\_  
**DISTRICT JUDGE/ASSOCIATE JUDGE**

\_\_\_\_\_  
**Date**