

Cause No. _____

IN THE DISTRICT COURT OF

In The Interest Of: _____

MATAGORDA COUNTY, TEXAS

Date of Hearing: _____

Attorney for: Child(ren) (____ how many?) Parent

130th JUDICIAL DISTRICT

Interim payment Final payment

**REQUEST FOR ATTORNEY'S FEES
CHILD PROTECTIVE SERVICES CASES (Fixed Payment)**

On the day written below, the undersigned Attorney at Law, under penalty of perjury, states as follows, to wit:

- That the attorney has earned the below requested attorney fee;
- That the attorney has not received and will not receive any money or other valuable thing for representation in the cause; and
- NO ITEMIZED "ATTORNEY'S FEE/EXPENSE CLAIM AND CERTIFICATION will be filed in the case(s) listed for this time.

Case Stage: (Select One): Temporary Managing Conservatorship Permanent Managing Conservatorship
 Court Ordered Services (OTP, Investigation) Appeal

Name(s) of Person(s) Represented: _____

Role of Party Represented:

- Mother (select all that apply)
- Custodial (parent child was removed from)
 - Non-Custodial (not living with child at removal)
 - Unlocated (identity known, location unknown)
- Father (select all that apply)
- Custodial (parent child was removed from)
 - Non-Custodial (not living with child at removal)
 - Unknown Father (identity unknown)
 - Unlocated (identity known, location unknown)
 - Alleged Father (paternity not legally established)

APPLICATION IS HEREBY MADE FOR THE FOLLOWING ATTORNEY FEE - SUCH APPLICATION BEING PRIMA FACIE REASONABLE AND NECESSARY FOR THE ATTORNEY SERVICES RENDERED:

In Court Appearances

Compensation Requested for:	Fixed Amt.	✓
Adversary Hearing	200.00	
Status Hearing	200.00	
Initial Permanency Hearing	200.00	
Subsequent Perm. Hearing	200.00	
Default Trial/Prove-Up	200.00	
Trial # hrs ____.	100.00/hour	
Misc. Court Hearing(s)	200.00	

Other Litigation

Compensation Requested for:	Fixed Amt.	✓
Mediation # hours ____.	100.00/hour	
FGC – In Person (Date: ____)	200.00	
FGC – Telephone	100.00	
Initial Child Home Visit	100.00	
Other: _____		

Executed and submitted on this the _____ day of _____, 20____, by the undersigned Attorney at Law.

Signature/Printed Name of Attorney

Mailing Address

Bar Card Number

Email Address

The Court finds the total sum of \$ _____ is a reasonable and necessary attorney's fee and ORDERS it paid: or

The Court rejects the requested fee for the following reason(s): _____

Entered this _____ day of _____, 20____.

JUDGE PRESIDING

Cause No. _____

IN THE DISTRICT COURT OF

In The Interest Of: _____

Date of Hearing: _____

MATAGORDA COUNTY, TEXAS

Attorney for: Child(ren) (____ how many?) Parent

Interim payment Final payment

130th JUDICIAL DISTRICT

**REQUEST FOR ATTORNEY'S FEES
CHILD PROTECTIVE SERVICES CASES (Alternative Fee Calculation)**

On the day written below, the undersigned Attorney at Law, under penalty of perjury, states as follows, to wit:

- That the attorney has earned the below requested attorney fees and expenses;
- That the attorney has not received and will not receive any money or other valuable thing for representation in the cause; and
- The itemized "ATTORNEY'S FEE/EXPENSE CLAIM AND CERTIFICATION" is accurate and does not include a request for time already paid in this cause.

Case Stage: (Select One): Temporary Managing Conservatorship Permanent Managing Conservatorship
 Court Ordered Services (OTP, Investigation) Appeal

Name(s) of Person(s) Represented: _____

Role of Party Represented:

- Mother (select all that apply)
- Custodial (parent child was removed from)
 - Non-Custodial (not living with child at removal)
 - Unlocated (identity known, location unknown)
- Father (select all that apply)
- Custodial (parent child was removed from)
 - Non-Custodial (not living with child at removal)
 - Unknown Father (identity unknown)
 - Unlocated (identity known, location unknown)
 - Alleged Father (paternity not legally established)

Request includes _____ (date range)

Attorney Hours

# of Hours	Activity
	Hours out of court

Expenses

Total	Activity
	Witness Expenses/Subpoenas
	Investigators hours
	Expert witness hours
	Deposition expenses
	Mileage

All hours outside of the courtroom shall be submitted in detailed format on attached sheet. File this form with a Motion for Alternative Fee Calculation BEFORE expending the time and/or expenses.

Submit all time to the court within 10 working days after hearing is complete.

Executed and submitted on this the _____ day of _____, 20_____, by the undersigned Attorney at Law.

Signature/Printed Name of Attorney

Mailing Address

Bar Card Number

Email Address

The Court finds the total sum of \$ _____ is a reasonable and necessary attorney's fee and ORDERS it paid: or

The Court rejects the requested fee for the following reason(s): _____

Entered this _____ day of _____, 20____.

JUDGE PRESIDING

