

CPS ATTORNEY FEE EXPENSE CLAIM FORM
Liberty County, Texas

Attorney Information:

Name:

Bar Number:

Address:

Phone #:

Email:

Tax ID #:

Case Information:

Cause #: _____ **Date(s) of Service:** _____ **thru** _____

Style:

Judge Presiding: _____ **Court #:** _____

Name of person(s) represented:
(use initials for minors)

Child or children
of children represented

Father

Appeal

Mother

Other

Temporary Managing
Conservatorship

Other

Permanent Managing
Conservatorship
Court Ordered Services

Compensation Information: *(see Attorney Fee Schedule and Expenses for CPS cases and attach detailed summary)*

Type of Time

Requested Hours

Requested Rate

Requested Amount

In-Court Time

Out-of-Court Time

Mileage

Travel time

Additional Attorney Time

Other Litigation Fees

Final Payment

Partial Payment

Under the penalty of perjury, I swear or affirm to the Court and the County Auditor that the information contained above and attached is true and correct. I further swear or affirm that the hours worked were reasonable and necessary and the expenses incurred were reasonable and necessary.

Date: _____

FEE APPROVAL:

Signature of CPS Judge: _____

AMOUNT APPROVED: _____

Reason for Denial or Variation: _____