

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 (Out of Court Time/Expenses)**

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:

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

Request includes _____ (date range)

Attorney Hours

# of Hours	Activity
	Client contact (meetings/phone calls)
	Hours out of court (other than above)

All Attorney and Non-Attorney hours outside of the courtroom shall be submitted in detailed format on attached sheet utilizing the listed categories.

Submit all time to the court within 5 working days after trial is compete.

Non-Attorney Hours

# of Hours	Activity
	Paralegal hours
	Investigators hours
	Expert witness hours
	Social worker hours
____(sheets)	Copy Paper Cost (.10 cents each)

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 INTEREST OF

_____,
CHILD(REN)

**IN THE DISTRICT COURT OF
BAYAN COUNTY, TEXAS
1ST JUDICIAL DISTRICT COURT**

**STATEMENT OF ITEMIZED TIME, SERVICES AND EXPENSES
FOR COURT APPOINTED COUNSEL**

Do not include in this document any privileged communication. Billing increments are 0.10 of an hour (*attach additional pages if necessary*).

Date	Hours	Summary and Description of Services in Chronological Order

Total hours _____ Expenses _____ (attach receipts for all expenses except phone and copy charges)

I affirm and hereby represent to the Court that this is a true and correct reflection of my time and services and out of court expenses representing the above-named Party.

Signature of Attorney

Date: