

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

**REQUEST FOR ATTORNEY'S FEES
CHILD PROTECTIVE SERVICES CASES (Hearing 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: | Prima Facie Amt. | ✓ |
|-----------------------------------|------------------|---|
| Adversary Hearing | 100.00 | |
| Status Hearing | 100.00 | |
| Initial Permanency Hearing | 100.00 | |
| Pre-Trial | 100.00 | |
| Default Trial/Prove-Up | 100.00 | |
| Trial (Non-Agreed)-less than 2hrs | 200.00 | |
| Trial (Non-Agreed)-over 2hrs | 100.00/hour | |
| Subsequent Perm. Hearing | 100.00 | |

Other Litigation

| Compensation Requested for: | Prima Facie Amt. | ✓ |
|--------------------------------|------------------|---|
| Misc. Court Hearing(s) | 100.00 | |
| Mediation | 100.00/hour | |
| PPT – In Person | 100.00 | |
| PPT – Telephone | 50.00 | |
| Family Group Conference | 200.00 | |
| Child Home Visits (Mat County) | 225.00 | |
| Child Home Visits (Non-Mat Co) | 300.00 + mileage | |
| 3 hours+ Court Idle Time | 100.00 | |

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 (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
☐ Court Ordered Services (OTP, Investigation)

☐ Permanent Managing Conservatorship
☐ 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 |
|------------|---------------------------------------|
| | 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 complete.

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

MATAGORDA COUNTY, TEXAS

130TH 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 |
|------|-------|---|
| | | |
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| | | |
| | | |

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: _____