

CPS Private Attorney Compensation Form

<u>County:</u>		<u>Court:</u>	<u>Case Number:</u>
<u>Client Name(s) and Relationship to Case:</u>		<u>Date of Appointment:</u>	<input type="checkbox"/> Check here for Initial Payment <input type="checkbox"/> Check here for Interim Payment <input type="checkbox"/> Check here for Final Payment
<u>Attorney Name:</u>	<u>TBC#: (Required)</u>	<u>Telephone:</u>	<u>Attorney Type (check):</u> <input type="radio"/> Attorney <input type="radio"/> Attorney Ad Litem <input type="radio"/> Guardian Ad Litem <input type="radio"/> Attorney/Guard Ad Litem <input type="radio"/> Court Appointed Mediator <input type="radio"/> Other: _____
<u>Attorney Address:</u> (Include Law Firm if applicable)	<u>Tax ID #:</u>	<u>Fax:</u>	
	<u>Email:</u>		<p style="color: red; text-align: center;">*For initial payment requests please provide when you were appointed to case*</p> <input type="radio"/> Ex Parte Hearing <input type="radio"/> 262 Adversary Hearing/ 264 Initial Hearing <input type="radio"/> Status Hearing <input type="radio"/> Initial PERM <input type="radio"/> Initial 264 COS/MTP Review Hearing <input type="radio"/> Subsequent PERM Hearing or 264 Review <input type="radio"/> Between PERM Hearing and FINAL <input type="radio"/> Post Final Order: Appeal <input type="radio"/> PERM Review After Final Order <input type="radio"/> Other: _____
<u>Case Type:</u>		<u>Style of Case:</u>	
<input type="radio"/> TMC <input type="radio"/> PMC <input type="radio"/> Court Ordered Services (Motion to Participate in Services) <input type="radio"/> Appeal			
<u>Non-Parent Conservator: (Required)</u>		<u>Number of Children in Case:</u>	
<input type="radio"/> Custodial Conservator (person with whom child was living with at time of legal filing) <input type="radio"/> Non-Custodial Conservator (not living with child at time of legal filing) <input type="radio"/> Unlocated Conservator (identity known, location unknown)			
<u>Custodial Parent: (living with child at time of legal filing)</u>		<u>Non-Custodial Parent: (not living with child at time of legal filing or paternity is not established)</u>	
<input type="radio"/> Mother <input type="radio"/> Father (paternity is established) <input type="radio"/> Mother and Father		<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Mother and Father <input type="radio"/> Unknown Father (Identity unknown) <input type="radio"/> Unlocated Father (Identity known, location unknown) <input type="radio"/> Alleged Father (Paternity not legally established) <input type="radio"/> Appeal – Adult <input type="radio"/> Appeal – Child/Children	
<u>Hourly</u> \$35-75	<u>Date of Services:</u>		
<u>Daily</u> \$200-400	<u>Type of Hearing/Representation of Payment:</u>		
<u>Out of Court Preparation:</u> \$ _____			
<u>Expenses (Attached Itemization):</u> \$ _____		<u>TOTAL AMOUNT TO BE PAID:</u> \$ _____	
Attorney Certification – I, the undersigned attorney, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel.			
_____ ATTORNEY SIGNATURE		_____ DATE	
_____ SIGNATURE OF JUDGE:		_____ DATE:	
Reason(s) for Denial or Variation:			