CPS Private Attorney Compensation Form

____ *Initial Payment, (when appointed, _____)* ____*Interim Payment* ____*Final Payment*

Section I: Attorney Information

Attorney Name: _____
Bar Number: _____
Tax ID: _____

Address: _____
Phone Number: _____
Email Address: _____

Section II: Case Information

Cause #: _____
Date of Appointment: _____
Style (use initial for minors): _____

Judge Presiding: _____
In the District of: **MILAM**, Texas
20TH Judicial district OR Child Protection Court

Case ID (select all that apply):

__Temporary Managing Conservatorship
__Permanent Managing Conservatorship

__Court Ordered Services (motion to participate in services)
__Appeal

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

__Child or children

__Number of children represented

Custodial parent (living with child at time of legal filing):
__Mother __Father (paternity established) __Mother and Father

Non-parent conservator:
__Custodial conservator (person with whom the child was living at time of legal filing)

__Non-custodial Conservator (not living with child at time of legal filing)
__Unlocated Conservator (Identity unknown, location unknown)

Non-custodial parent (not living with child at time of legal filing and/or paternity not established)
__Mother
__Father
__Mother and Father

__Unknown father (identity unknown)
__Unlocated father (identity known, location unknown)
__Alleged Father (paternity not legally established)

__Appeal- Adult __Appeal- Child or Children

Section III: Compensation Information

Dates of Service: _____Through_____
I Request Payment of: $_____
This Represents: ***Attach a detailed list of dates worked, services performed, time, and expenses.***

Attorney Hours:
Hours of client contact (meeting/phone) _____
Hours of Court Time_____

Hours out of Court time, at rate of $_____
Travel Time Hours, at rate of $_____
Non-Attorney Hours:
Paralegal Hours, at rate of $_____

Investigators, at rate of $_____
Expert Witness, at rate of $_____
Social Worker, at rate of $_____
Other litigation expenses, at rate of $_____

I certify the hours worked were reasonable and necessary. The expenses incurred were reasonable and necessary. Accurate details are attached.

Signature: _____

Fee Approval:

◯ Payment of fees as described in the above invoice is approved in the amount of $_____ because the Court finds this amount to reflect reasonable and necessary attorney fees to the disposition of the case.

◯ The following adjustments were made to the fee request $_____ because the Court finds this amount to reflect reasonable and necessary attorney fees to the disposition of the case and the payment of fees $_____, amount has been approved.

◯ The court has determined that this individual is legally qualified and eligible for court appointment.

_____
DISTRICT JUDGE/ASSOCIATE JUDGE

_____
Date

REVISED OCTOBER 2022