

Child Protective Services - Appointed Counsel Request for Compensation

1. District Court #	2. Cause Number	3. Attorney for: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child(ren) <input type="checkbox"/> Other:	
4. Case Style			
5. Attorney (Full Name)		6. Telephone	7. Attorney Address (with Firm Name if any)
8. State Bar Number	9. Tax ID or Vendor ID	10. Email Address	
			11. Make payment to: <input type="checkbox"/> Attorney <input type="checkbox"/> Firm-ID#
12. Time Period of Services Rendered (Attach detailed, itemized invoice)		From Date:	To Date:
Information for the Collin County Auditor			
13. Attorney Hourly Fee for Legal Work		hours	\$
14. Attorney Hourly Fee for Travel Time		hours	\$
15. Paralegal Hourly Fee for Legal Work		hours	\$
16. Other Litigation Expenses (attach receipts and explain here)			\$
17. Time Attorney Spent Meeting with Client (MANDATORY)	hours	18. Additional Comments	
19. Total Amount Requested			\$
20. <input type="checkbox"/> Final Payment Application <input type="checkbox"/> Partial Payment Application		21. Attorney Signature	
<i>Attorney Certification - I swear under penalty of perjury that this 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.</i>		22. Date Signed by Attorney	
		Blanks below this line are to be filled out only by the Presiding Judge of the case	
23. Reason(s) for Denial or Variation:			24. Amount if any to add to Court Costs: \$
25. Judicially Approved Amount: \$		26. SIGNATURE OF PRESIDING JUDGE:	