

**WILLIAMSON COUNTY  
CPS PRIVATE ATTORNEY FIXED FEES COMPENSATION FORM**

**SECTION I: Attorney Information**

<b>Attorney Name</b>		<b>Bar #</b>	
<b>Firm Name (if applicable)</b>		<b>Last 4 of SSN or Tax ID #</b>	
<b>Address:</b>			
<b>Phone #</b>		<b>Email Address:</b>	

**SECTION II: Case Information**

<b>Cause #</b>		<b>Date of Appointment</b>	
<b>Style (use initials for minors)</b>			
<b>Judge Presiding:</b>			
<b>In</b>	Williamson County, Texas	<b>County Court at Law #</b>	<b>Judicial District or</b>
<b>Case ID</b>			
<input type="checkbox"/> Temporary Managing Conservatorship <input type="checkbox"/> Court Ordered Services (Motion to Participate in Services)		<input type="checkbox"/> Permanent Managing Conservatorship <input type="checkbox"/> Appeal	
<b>Name of person(s) represented (use initial for Minors)</b>			
<input type="checkbox"/> Child or Children (004161) <input type="checkbox"/> Number of Children Represented: _____. <input type="checkbox"/> Mother <input type="checkbox"/> Custodial Parent (004162) <input type="checkbox"/> Non-Custodial Parent (004163) <input type="checkbox"/> Unlocated (004164)		<input type="checkbox"/> Father <input type="checkbox"/> Custodial Parent (004165) <input type="checkbox"/> Non-Custodial Parent (004166) <input type="checkbox"/> Unknown Father (004167) <input type="checkbox"/> Unlocated Father (004168) <input type="checkbox"/> Alleged Father (004169)	

**SECTION III: Compensation Information – Fixed Fees**

<b>Dates of Service</b>		<i>through</i>	
<b>I request payment of:</b>	\$		
<b>This includes:</b>			
<b>Attorney Fees in the Amount of:</b>		\$	<b>Expenses in the Amount of :</b>
<b>Representing:</b>		<b>Amount</b>	<b>Representing:</b>
	Number of Hearings (x \$300/\$350 for Spanish Speaking/TBLS Certified) ( <i>CPS Loc. R. 7.0.1</i> )		_____ in Investigator Expenditures
	Hearing Prep Meetings w/Client (= number of hearings x \$125/\$150 for Spanish Speaking/TBLS Certified) ( <i>CPS Loc. R. 7.0.2</i> )		_____ of Social Work Expenditures
	Number of Advisements prepared in lieu of hearing (x \$150) ( <i>CPS Loc. R. 7.0.3</i> )		_____ in Expert Witness Expenditures
	Number of Permanency Meetings (x \$250/\$300 for Spanish Speaking/TBLS Certified) ( <i>CPS Loc. R. 7.0.4</i> )		_____ in Other Litigation Expenditures ( <i>CPS Loc. R. 7.1</i> )
	Number of Days of Mediation (x \$400 per ½ day) ( <i>CPS Loc. R. 7.0.5</i> )		_____ in Travel Time and Expenditures ( <i>CPS Loc. R. 6.4, &amp; 6.10</i> )
	Number of Days of Trial (x \$450/\$500 for Spanish Speaking/TBLS Certified per ½ day ) ( <i>CPS Loc. R. 7.0.6</i> )		As detailed on the attached invoice
	Trial Prep (= number of days of trial x \$200/\$250 for Spanish Speaking/TBLS Certified per ½ day trial) ( <i>CPS Loc. R. 7.0.6</i> )		<i>Note: Attach the court order that explicitly authorizes the expense being submitted for reimbursement.</i>

**SECTION IV: Attorney Verification**

I, the undersigned attorney, represent and certify to this court that I am an attorney licensed to practice law in the State of Texas and that I was appointed by the Court in this case. I verify that the above information, supported by the attached detailed invoice, reflects (1) the hours actually worked on the identified tasks and that such were reasonable and necessary; (2) the expenses for which reimbursement is sought were actually incurred and paid by me and were reasonable and necessary; (3) the calculation of the attorney fees and expense reimbursement sought is in compliance with applicable law and the applicable Local Rules of Williamson County; and (4) the amount sought fairly and reasonably compensates me for the services rendered. An accurate detailed invoice showing services rendered by date and expenses actually paid is attached.

\_\_\_\_\_  
**Signature**

No. \_\_\_\_\_

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	§	Williamson County, Texas

**ORDER APPROVING AND REPORTING PAYMENT OF FEES AND VOUCHER  
(CPS- PURSUANT TO CHAPTER 36 OF THE TEXAS GOVERNMENT CODE)**

The Court **FINDS** that the amount below reflects reasonable and necessary fees to the disposition of the case. The Court further **FINDS** that the fees may be paid by the Williamson County Auditor's Office as follows:

- ☐ Payment of fees as described in the attached invoice are 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 of \_\_\_\_\_, amount has been approved.
- ☐ The Court has approved this individual to serve on the Family and CPS Attorney Appointment List based on the attorney meeting the requirements as outlined in the CPS Local Rules.

It is the finding of the Court that any amount requested which has not been Ordered to be paid exceeds the amount of fees and expenses that are reasonable and necessary, and as such is not in conformity with the applicable Local Rules of Williamson County, Texas.

**JUDGE PRESIDING:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE