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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)**

ATTORNEY INFORMATION

NAME _____
ADDRESS _____
ADDRESS _____
LAST THREE OF EIN OR SS _____

On this day, the Court finds as follows:

Select only one box:

- ☐ the Court appointed the above named attorney to represent a minor child or children in the case; or
- ☐ the Court appointed the above named attorney to represent an **indigent** parent in the case;

The Court ORDERS payment of fees described in the **attached invoice** as follows:

Attorney fees in the amount of: \$ _____

Representing number of hours billed: _____

Expenses in the amount of: \$ _____

The Court finds that the above amount reflects reasonable and necessary attorney fees to the disposition of the case. The Court further orders the fees to be paid by Williamson County Auditors Office.

Signed: _____

Judge of the _____ Court

Line Item: _____

VERIFICATION

I, the undersigned attorney, represent to this court that I am an attorney license to practice law in the State of Texas and appointed by the Court in this case. I represent that the **attached invoice** fairly and accurately represents the work performed by me. I further represent that I worked

_____ attorney hours on this case and spent:

_____ in expenses on this case.

I have figured the hours to the nearest 1/10. The hours worked and expenses incurred were reasonable and necessary.

ATTORNEY