ATTORNEY FEES AND EXPENSE VOUCHER

(Tex. Fam. Code Sections 107.015 & 157.164)

Instructions -Payment will not be authorized until each item is completed legibly. Follow the instructions below and forward the completed claim to the presiding judge for approval.

Court:	Cause Number:	Party or Child Name: (use initials for minors)

REQUIRED – For CPS Cases Only Appeal: ☐ Yes ☐ No

☐ Custodial Parent ☐ Unknown Father ☐ Child or Children

☐ Non-Custodial Parent ☐ Alleged Father # of children represented _____

Individual Case Appointment	Court Date	No. of Days/Hours	Minimum	Maximum	Amount Submitted
Non-Trial Appearances					
Initial Adversary Hearing	_____	_____	$150/hour	$750/day	_____
Status Hearings	_____	_____	$150/hour	$300/day	_____
Subsequent Hearings	_____	_____	$150/hour	$300/day	_____
Review Hearings	_____	_____	$150/hour	$300/day	_____
Motions Hearings	_____	_____	$150/hour	$300/day	_____
(Maximum hours billed cannot exceed total number of hours in court/day)					
Trial (jury or non-jury)	_____	_____	$150/hour	$750/day	_____
Appeals			No min.	$5,000	_____
Out-of-Court Hours Costs		_____	$150/hour	$300/day	_____
					_____

Copies - must utilize electronic copy policy of Brazoria County District Clerk's Office (e.g. email, zip-drive, CD) _____

Service Fees - Must utilize Sheriff's Office or Constable. Private Process Server available only with prior Court approval and after unsuccessful attempts through law enforcement. _____

Travel - NO TRAVEL WILL BE PAID TO AND FROM OFFICE/COURT OR WITHOUT PRIOR COURT APPROVAL. Court may approve travel beyond Brazoria and contiguous counties by reimbursing mileage, at standard County rate, or for actual time, but not both. _____

Total _____

Personal Information

Social Security # (last 4 digits) XXX-XX-_____

Telephone Number ( ) _____ - _____

Bar Card Number _____

Mailing Address:
(Number, Street, Suite, City, State, Zip Code)

CERTIFICATION

I,_____, Attorney at Law, certify under penalty of perjury that the above information is true and correct and in accordance with the laws of the State of Texas and the Cannons of Ethics for Attorneys. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel within the mandates of the Texas Family Code for representation as an Attorney, Attorney Ad Litem, Guardian Ad Litem or Amicus Attorney. I further certify that I am licensed by the State of Texas and was so licensed during the time period these services were rendered .No travel time has been included in this voucher except those hours previously approved by the court, and then only as were necessary to effectively represent my client. If l appeared in Court on more than one (1) case, the total time spent in Court has been fairly divided among each case so as not to exceed daily maximum fees.

Approved: _____ Attorney Signature: _____

Presiding Judge

For Internal Use Only

Account – Fund – Dept: _____ Project Info: _____

Speedcode: _____