

**CPS ATTORNEY FEE EXPENSE CLAIM FORM**  
**Denton County District Courts**

**Case Information**

CAUSE NUMBER	PRESIDING JUDGE	DATE OF APPOINTMENT	DATES OF SERVICE	DATE DISPOSED	T.M.C.	COURT ORDERED SERVICES	APPEAL
			-				
			-				
			-				

<b>Name of person(s) represented</b> (use initials for minors)	
<input type="checkbox"/> Child or Children Number of children represented ____  <input type="checkbox"/> Mother <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non – custodial parent <input type="checkbox"/> Unlocated	<input type="checkbox"/> Father <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non-custodial parent <input type="checkbox"/> Unknown father <input type="checkbox"/> Unlocated father <input type="checkbox"/> Alleged father  <input type="checkbox"/> Appeal <input type="checkbox"/> Adult Appeal <input type="checkbox"/> Children Appeal

**HOURLY FEE**

Type of Time	Requested Hours	Requested Rate	Requested Amount
In Court Time (\$125)			
Out of Court Time (\$125)			
Legal Assistant / Travel Time (\$65)			
Mileage (applicable IRS rate)			
Investigator Fees (\$75)			
Expert Fees <i>(Do Not Include Mediator Fees)</i>			
Social Worker Fees			
Other Litigation Fees			
<b>TOTAL</b>			

**CERTIFICATION**

I swear or affirm to the Court and the County Auditor that the information contained above is true and correct and payment would not be contrary to the fee schedule adopted by the District Court Judges pursuant to Texas Family Code, §107.015. I further swear or affirm that I have not received nor will I receive any other money or anything else of value for representing the client(s).

\_\_\_\_\_  
 Attorney At Law (signature)

\_\_\_\_\_  
 Texas State Bar Number

Explanation of Variance

<input type="checkbox"/> EXCESSIVE INCREMENT ALLOTMENT	<input type="checkbox"/> PREPARATION AND/OR RESEARCH
<input type="checkbox"/> WRONG HOURLY OR MILEAGE RATE	<input type="checkbox"/> OUTSIDE THE SCOPE
<input type="checkbox"/> OTHER	

**ORDER AUTHORIZING PAYMENT**

I do hereby certify to the Commissioners Court of Denton County, Texas that the above-named client was found indigent and/or in the interest of justice was entitled to appointment of counsel. That said counsel is entitled to the reasonable sum authorized below as compensation for such services to be paid from the General Fund of Denton County, Texas, pursuant to Texas Family Code, §107.015.

Entered **and Certified** on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

AMOUNT AUTHORIZED: \$ \_\_\_\_\_

Presiding Judge, \_\_\_\_\_ District Court