

APPOINTEE'S FEE COMPENSATION CLAIM FORM

SUBMIT TO: _____

CAUSE NUMBER: _____ REPRESENTING: _____

STYLE: _____ # OF CHILDREN: _____
PLEASE USE CHILDREN'S INITIALS FOR CPS, ADOPTIONS & TERMINATIONS

JUDGE PRESIDING: _____

TYPE: FAMILY SUB-TYPE: _____ CASE ID: _____

APPOINTEE INFORMATION: _____

NAME: _____ BAR# _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

FORT BEND COUNTY VENDOR # _____ TAX ID# _____
(If Known)

POSITION APPOINTED: _____ DATE APPOINTED: _____

APPOINTEE TYPE: _____ SOURCE OF FEES: _____

VERIFICATION:

I request payment of \$ _____. This represents _____ attorney hours and \$ _____ expenses. I have figured the hours to the nearest 1/10. The hours worked were reasonable and necessary. The expenses incurred were reasonable and necessary. Accurate details are attached. I am legally qualified and eligible for court appointments under law and this Court's Rules.

DATE APPOINTEE SIGNATURE

ATTACHMENT: ATTACH A DETAILED LIST OF DATES WORKED, SERVICES PERFORMED, TIME, AND EXPENSES ON YOUR LETTERHEAD. ATTACH A COPY OF THE ORDER OF APPOINTMENT.

COURT USE ONLY

ORDER

Payment of fees as described in the above invoice is approved in the amount of \$ _____. The Court believes that this individual is legally qualified and eligible for court appointment under law.

DATE PRESIDING JUDGE

ACCOUNTING USE ONLY

Vendor #	Vendor Name	Vendor Address	
Accounting Unit	Account	Activity	Acct Cat
			\$ _____
			Amount