

APPOINTEE'S FEE COMPENSATION CLAIM FORM

SUBMIT TO: _____

CAUSE NUMBER: _____

STYLE: _____

PLEASE USE CHILDREN'S INITIALS FOR CPS, ADOPTIONS & TERMINATIONS

JUDGE PRESIDING: _____

TYPE: FAMILY SUB-TYPE : _____

APPOINTEE INFORMATION:

NAME: _____ BAR# _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

FORT BEND COUNTY VENDOR # _____ TAX ID# _____

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	_____ \$	_____ Amount
_____ Accounting Unit	_____ Account	_____ Activity	_____ Acct Cat	_____ Amount