IN THE 410TH AND 418TH DISTRICT COURTS AND
IN THE COUNTY COURT AT LAW NUMBER THREE (3)
OF MONTGOMERY COUNTY, TEXAS

RECEIVED AND FILED
FOR RECORD
At 11:05 O'Clock a M.
OCT 29 2021
Melisa Miller, District Clerk
Montgomery County, Texas
By Deputy

STANDING ORDER REGARDING PAYMENT OF APPOINTMENT FEES IN TDFPS CASES
(Updated 10/22/2021)

This Order applies to all cases in which the Texas Department of Family and Protective Services ("TDFPS") is a party.

Any attorney appointed by the Court seeking payment for fees and/or expenses must submit to the Montgomery County District Clerk's office the REQUEST FOR PAYMENT OF APPOINTMENT FEES IN TDFPS CASE form attached to this order. This form must be completed in full, signed by the attorney seeking payment, have a copy of the order appointing the attorney attached as Exhibit "A," and have a detailed bill itemizing the time and work performed and/or explanation of the nature and amount of any requested expenses attached as Exhibit "B."

Signed and effective this the 29th day of October, 2021.

Jennifer Robin

HON. JENNIFER JAMES ROBIN
410TH JUDICIAL DISTRICT COURT

HON. TRACY A. GILBERT
418TH JUDICIAL DISTRICT COURT

HON. AMY TUCKER
COUNTY COURT AT LAW NUMBER THREE (3)

NO._____-CV

IN THE INTEREST OF	§	**IN THE _____ COURT**
	§	
	§	
	§	
	§	
MINOR CHILD(REN)	§	**MONTGOMERY COUNTY, TEXAS**

REQUEST FOR PAYMENT OF APPOINTMENT FEES IN TDFPS CASE

(Updated 10-22-2021)

On _____, the Court signed an order appointing _____ ("Appointee"), State Bar No. _____, Address _____, _____, Texas _____, Phone _____, Email _____, as Attorney Ad Litem for _____. Attached as Exhibit "A" is a true and correct copy of this Order.

Appointee requests payment for services provided between the dates of _____ and _____.

Total billed hours at $100.00 per hour: _____

Total billed expenses: _____

Appointee declares under penalty of perjury as an Officer of the Court, and with the intention that the Court rely hereon, that the time and expenses reflected on the attached Exhibit "B" were expended on behalf of the client(s) regarding this matter and are true and correct.

_____	_____	_____
Appointee's Printed Name	Appointee's Signature	Date

ORDER FOR THE PAYMENT OF APPOINTMENT FEES IN TDFPS CASE

On this date, the Court approves, authorizes and directs the payment to Appointee the following fees/expenses:

Total approved hours: _____

Total approved expenses: _____

Total amount of fees/expenses approved: _____

SIGNED on _____.

_____

JUDGE PRESIDING