APPOINTEE'S FEE COMPENSATION CLAIM FORM

SUBMIT TO: Select Court from list REPRESENTING: Select

CAUSE NUMBER: _____ # OF CHILDREN: Select

STYLE: _____

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

☐ Check for Final Payment
☐ Check for Interim Payment
☐ Check for Initial Payment

**FOR INITIAL PAYMENT REQUETS PLEASE SELECT WHEN YOU WERE APPOINTED TO CASE

JUDGE PRESIDING: Select Presiding Judge

TYPE: FAMILY SUB-TYPE: Select Sub Type Select

APPOINTEE INFORMATION: CASE ID: Select Case ID

NAME: _____ BAR# _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

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

POSITION APPOINTED: Select Appointed Position DATE APPOINTED: _____

APPOINTEE TYPE: Select Appointee Type SOURCE OF FEES: FORT BEND COUNTY

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

100435400	63000			$
Accounting Unit	Account	Activity	Acct Cat	Amount