

**CIVIL ATTORNEY'S FEE COMPENSATION CLAIM**

(This claim may be mailed, dropped off or emailed with signature at the appropriate judges' office)

**ATTORNEY INFORMATION:**

NAME: \_\_\_\_\_ BAR # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TAX ID # \_\_\_\_\_

**CASE INFORMATION:**

CAUSE NUMBER: \_\_\_\_\_ DATE OF APPOINTMENT: \_\_\_\_\_

STYLE (use initials for minors) \_\_\_\_\_

JUDGE PRESIDING: \_\_\_\_\_

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, TEXAS \_\_\_\_\_ JUDICIAL DISTRICT

NAME OF PERSON(S) REPRESENTED (use initials for minors) \_\_\_\_\_

POSITION APPOINTED:       Attorney Ad Litem                       Mediator

Guardian Ad Litem                       Other

Amicus Attorney

DATES OF SERVICE \_\_\_\_\_ THROUGH \_\_\_\_\_

**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.

DATE: \_\_\_\_\_  
   \_\_\_\_\_  
   SIGNATURE

ATTACHMENT: ATTACH A DETAILED LIST OF DATES WORKED, SERVICES PERFORMED, TIME AND EXPENSES.