

ATTORNEY FEES AND EXPENSE VOUCHER
(Tex. Fam. Code Sections 107.015 & 157.164)

Instructions – Payment will not be authorized until each item is completed legibly. Follow the instructions below and forward the completed claim to the presiding judge for approval. The Court will assign hourly rate based on experience.
Court - Cause Number - Party or Child Name -

<u>INDIVIDUAL CASE APPOINTMENT</u>	<u>* COURT DATE</u>	<u>* NO. OF DAYS/HOURS</u>	<u>* Minimum</u>	<u>* Maximum</u>	<u>* AMOUNT SUBMITTED</u>
NON-TRIAL APPEARANCES-					
Initial Adversary Hearing	* _____	* _____	* \$70-90/hour	* \$480/day	* _____
Status Hearing	* _____	* _____	* \$70-90/hour	* \$180/day	* _____
Subsequent Hearings	* _____	* _____	* \$70-90/hour	* \$180/day	* _____
Review Hearings	* _____	* _____	* \$70-90/hour	* \$180/day	* _____
Motions Hearings (Maximum hours billed cannot exceed total number of hours in court/day)	* _____	* _____	* \$70-90/hour	* \$180/day	* _____
TRIAL (jury or nonjury)	* _____	* _____	* \$70-90/hour	* \$500/day*	_____
APPEALS			* no min.	* \$2,500	* _____
TRIALS MORE THAN 5 DAYS			* no min.	* \$2,500	* _____
OUT-OF-COURT Hours	* _____		* \$70-90/hour	* \$180/day	* _____
COSTS – Copies- must utilize electronic copy policy of Brazoria County District Clerk’s Office (e.g. email, zip-drive, CD) _____					
Service Fees – Must utilize Sheriff’s Office or Constable. Private Process Server available only with prior Court approval and after unsuccessful attempts through law enforcement. _____					
Travel – NO TRAVEL WILL BE PAID TO AND FROM OFFICE/COURT OR WITHOUT PRIOR COURT APPROVAL. Court may approve travel beyond Brazoria and contiguous counties by reimbursing mileage, at standard County rate, or for actual time, but not both. _____					
TOTAL-----					\$ _____

PERSONAL INFORMATION

Social Security # (last 4 digits) Telephone Number Bar Card Number
 XXX-XX-_____ () _____
 Mailing Address: (Number, Street, Suite, City, State, Zip Code)

ACCOUNT# 573100-10000-19000 JUDMIS_GF

CERTIFICATION

I, _____, Attorney at Law, certify under penalty of perjury that the above information is true and correct and in accordance with the laws of the State of Texas and the Cannons of Ethics for Attorneys. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel within the mandates of the Texas Family Code for representation as an Attorney, Attorney ad Litem, Guardian ad Litem or Amicus Attorney. I further certify that I am licensed by the State of Texas and was so licensed during the time period these services were rendered. No travel time has been included in this voucher except those hours previously approved by the court, and then only as were necessary to effectively represent my client. If I appeared in Court on more than one (1) case, the total time spent in Court has been fairly divided among each case so as not to exceed daily maximum fees.

Attorney _____

Approved: _____
 Presiding Judge