Cause No.			IN THE DISTRICT COURT OF				
In The Interest Of:				MATA CORD		EEX. A C	
Date of Hearing:			MATAGORDA COUNTY, TEXAS				
Attorney for: ☐ Child(ren) ( how many?) ☐ Parent				130 <sup>th</sup> JUDICIAL DISTRICT			
☐ Interim payment ☐ Final pay	ment						
CI				ORNEY'S FEES S CASES (Fixed Payment)			
<ul><li> That the attorney has earned the</li><li> That the attorney has not receive</li></ul>	below requested a d and will not rec	ittorney f	fee; money	penalty of perjury, states as follows, to or other valuable thing for represent ERTIFICATION will be filed in the c	tation in the cause	e; and nis time.	
Case Stage: (Select One): $\Box$ Te $\Box$ Co	emporary Managin ourt Ordered Serv	g Conser ices (OT	vators P, Invo	hip ☐ Permanent Managing estigation) ☐ Appeal	Conservatorship		
Name(s) of Person(s) Represented:							
Role of Party Represented:  Mother (select all that apply Custodial (parent child Non-Custodial (not liv Unlocated (identity kn	l was removed fro ring with child at r	emoval)		Father (select all that apply)  Custodial (parent child was rem Non-Custodial (not living with o Unknown Father (identity unknown Gundocated (identity known, located) Alleged Father (paternity not leg	child at removal) own) ation unknown)		
APPLICATION IS HEREBY MADI REASONABLE AND NECESSARY				ORNEY FEE - SUCH APPLICATIO CES RENDERED:	N BEING PRIMA	A FACIE	
In Court Appearances	S			Other Litigat	ion		
Compensation Requested for:	Fixed Amt.	<b>✓</b>		Compensation Requested for:	Fixed Amt.	1	
Adversary Hearing	200.00			Mediation # hours	100.00/hour		
Status Hearing	200.00			FGC – In Person (Date:)	200.00		
Initial Permanency Hearing	200.00			FGC – Telephone	100.00		
Subsequent Perm. Hearing	200.00			Initial Child Home Visit	100.00		
Default Trial/Prove-Up	200.00			Other:			
Trial # hrs	100.00/hour						
Misc. Court Hearing(s)	200.00						
		y of		, 20, by the unders	igned Attorney at	t Law.	
Signature/Printed Name of Attorne	ey .		ıvıa	iling Address			
Bar Card Number			Em	ail Address			
The Court finds the total sum of \$		is	s a reas	sonable and necessary attorney's fee a	and ORDERS it pa	aid: or	
The Court rejects the requested fee	for the following	reason(s	):				
Entered this day of		0					
			JUI	DGE PRESIDING			

Attorney for:   Child(ren) ( how many?)   REQUEST FOR ATTORNEY'S FEES CHILD PROTECTIVE SERVICES CASES (Alternative Fee Calculation)  On the day written below, the undersigned Attorney at Law, under penalty of perjury, states as follows, to wit:  That the attorney has earned the below requested attorney fees and expenses;  That the attorney has not received and will not receive any money or other valuable thing for representation in the cause; and  The itemized "ATTORNEY'S FEE/EXPENSE CLAIM AND CERTIFICATION is accurate and does not include a request for time already paid in this cause.  Case Stage: (Select One):   Temporary Managing Conservatorship  Court Ordered Services (OTP, Investigation)	Cause No				IN THE DISTRICT COURT OF
Attorney for:   Child/ren) ( how many!)   Parent     Interim payment   Final payment     REQUEST FOR ATTORNEY'S FEES CHILD PROTECTIVE SERVICES CASES (Alternative Fee Calculation)  On the day written below, the undersigned Attorney at Law, under penalty of perjury, states as follows, to wit:  * That the attorney has carned the below requested attorney (es and expensey:  * That the attorney has not received and will not receive any money or other valuable thing for representation in the cause; and  * The itemized "ATTORNEY'S FEE/EXPENSE CLAIM AND CENTIFICATION is accurate and does not include a request for tim already paid in this cause.  Case Stage: (Select One):   Temporary Managing Conservatorship   Permanent Managing Conservatorsh	In The Interest O	f:			
Interim payment	Date of Hearing:				MATAGORDA COUNTY, TEXAS
REQUEST FOR ATTORNEY'S FEES CHILD PROTECTIVE SERVICES CASES (Alternative Fee Calculation)  On the day written below, the undersigned Attorney at Law, under penalty of perjury, states as follows, to wit:  - That the attorney has carned the below requested attorney fees and expenses; - That the attorney has not receive and will not receive any money or other valuable thing for representation in the cause; and - The tennized "ATTORNEY'S FEE/EXPENSE CLAIM AND CERTIFICATION is accurate and does not include a request for tim already paid in this cause.  - Case Stage: (Select One):	Attorney for:	Child(ren) ( how many?)			
CHILD PROTECTIVE SERVICES CASES (Alternative Fee Calculation)  On the day written below, the undersigned Attorney at Law, under pentury, states as follows, to wit:  That the attorney has earned the below requested attorney fees and expenses;  That the attorney has not received and will not receive any money or other valuable thing for representation in the cause; and already paid in this cause.  Case Stage: (Select One):	☐ Interim payme	nt 🛘 Final payment			130 <sup>th</sup> JUDICIAL DISTRICT
• That the attorney has earned the below requested attorney fees and expenses;  • That the attorney has not received and will not receive and more your other valuable thing for representation in the cause; and  • The itemized "ATTORNEY'S FEE/EXPENSE CLAIM AND CERTIFICATION is accurate and does not include a request for timal ready paid in this cause.  Case Stage: (Select One):					Fee Calculation)
Court Ordered Services (OTP, Investigation)   Appeal	<ul><li>That the attorn</li><li>That the attorn</li><li>The itemized "A</li></ul>	ney has earned the below requested attorney be ney has not received and will not receive any ATTORNEY'S FEE/EXPENSE CLAIM AND	fees and money	l expenses; or other valuable	e thing for representation in the cause; and
Role of Party Represented:    Mother (select all that apply)	Case Stage: (Selec				☐ Permanent Managing Conservatorship☐ Appeal
Mother (select all that apply)	Name(s) of Perso	n(s) Represented:			
# of Hours	□ Mother (s □ Cust □ Non □ Unlo	select all that apply) codial (parent child was removed from) -Custodial (not living with child at removal) ocated (identity known, location unknown)  des(date ran		☐ Custodial (p☐ Non-Custod☐ Unknown Fa☐ Unlocated (i	arent child was removed from)  ial (not living with child at removal)  ather (identity unknown)  identity known, location unknown)  ier (paternity not legally established)
Hours out of court   Witness Expenses/Subpoenas	·	, T	7		
All hours outside of the courtroom shall be submitted in detailed format on attached sheet. File this form with a Motion for Alternative Fee Calculation BEFORE expending the time and/or expenses.  Submit all time to the court within 10 working days after hearing is compete.  Executed and submitted on this the	# of Hours	Activity		Total	,
All hours outside of the courtroom shall be submitted in detailed format on attached sheet. File this form with a Motion for Alternative Fee Calculation BEFORE expending the time and/or expenses.  Submit all time to the court within 10 working days after hearing is compete.  Executed and submitted on this the		Hours out of court			
submitted in detailed format on attached sheet. File this form with a Motion for Alternative Fee Calculation BEFORE expending the time and/or expenses.  Submit all time to the court within 10 working days after hearing is compete.  Executed and submitted on this the day of, 20, by the undersigned Attorney at Law.  Signature/Printed Name of Attorney	submitted in detailed format on attached sheet. File this form with a Motion for Alternative Fee Calculation BEFORE expending the time and/or expenses.		_		
Calculation BEFORE expending the time and/or expenses.  Submit all time to the court within 10 working days after hearing is compete.  Executed and submitted on this the day of, 20, by the undersigned Attorney at Law.  Signature/Printed Name of Attorney					Expert witness hours
Submit all time to the court within 10 working days after hearing is compete.  Executed and submitted on this the					
Executed and submitted on this the day of, 20, by the undersigned Attorney at Law.  Signature/Printed Name of Attorney					Mileage
Bar Card Number  Email Address  The Court finds the total sum of \$ is a reasonable and necessary attorney's fee and ORDERS it paid: or The Court rejects the requested fee for the following reason(s):	after hearing is	s compete.		_, 20	, by the undersigned Attorney at Law.
The Court finds the total sum of \$ is a reasonable and necessary attorney's fee and ORDERS it paid: or The Court rejects the requested fee for the following reason(s):	Signature/Printed	d Name of Attorney	Mai	ling Address	
The Court rejects the requested fee for the following reason(s):	Bar Card Number	r	Ema	ail Address	
Entered this day of, 20	The Court rejects	s the requested fee for the following reason(s	):		
	Entered this	day of, 20			
JUDGE PRESIDING			IIIE	OGE PRESIDING	3

	CAUSI	E <b>NO.</b>			
IN THE INTEREST OF		§	IN THE DISTRICT COURT OF		
	,	9 9 9 9 9	MATAGORDA COUNTY, TEXAS		
CHILD(REN)		§ §	130 <sup>TH</sup> JUDICIAL DISTRICT COURT		
STATE			SERVICES AND EXPENSES TED COUNSEL		
	<u> </u>	ernate Fee Co			
Do not include in this do pages if necessary).	cument any privileged c	ommunication.	Billing increments are 0.10 of an hour (attach additional		
Date	Hours		Summary and Description of Services in Chronological Order		
Total hours	Expenses	(attach rece	ipts for all expenses except phone and copy charges)		
I affirm and hereby services and out of c	-		a true and correct reflection of my time and ove-named Party.		
		D	Pate:		
Signature of Attorne	y				