

**CIVIL ATTORNEY'S FEE COMPENSATION CLAIM**

(This claim may be mailed, dropped off or emailed with signature at our office location noted below.)

SUBMIT TO: OFFICE OF THE DISTRICT JUDGES, ROOM 327  
TRAVIS COUNTY COURTHOUSE  
P.O. BOX 1748  
AUSTIN, TEXAS 78767  
CivilAttorneyFees@co.travis.tx.us

**ATTORNEY INFORMATION:**

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

ADDRESS: Updates to the remittance address are now only accepted by the Travis County Auditors Department.  
Should you need to change your address or other payment-related information, please contact the Auditor's Office at (512) 854-9125.

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

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

**CASE INFORMATION:**

CAUSE NUMBER: **D-1** Select \_\_\_\_\_ DATE OF APPOINTMENT: \_\_\_\_\_

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

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

IN THE DISTRICT COURT OF TRAVIS COUNTY, TEXAS Select JUDICIAL DISTRICT

TYPE: Select \_\_\_\_\_ SUB-TYPE: Select \_\_\_\_\_

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

CHILD OR CHILDREN  MOTHER  FATHER

CLAIM: Select \_\_\_\_\_

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

**VERIFICATION:**

I request payment of \_\_\_\_\_. This represents \_\_\_\_\_ attorney hours, \_\_\_\_\_ paralegal 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.

\_\_\_\_\_  
SIGNATURE

VENDOR NUMBER: \_\_\_\_\_

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

***Recommendation:***

Payment of fees as described in the above invoice is approved in the amount of \$ \_\_\_\_\_ because the Court finds this amount to reflect reasonable and necessary attorney fees to the disposition of the case. The Court has determined that this individual is legally qualified and eligible for court appointment under law.

\_\_\_\_\_  
DISTRICT JUDGE

\_\_\_\_\_  
ASSOCIATE JUDGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

Cause No. C-1-PB- \_\_\_\_\_ - \_\_\_\_\_

In the Estate / Guardianship of

§  
§  
§  
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§

In the Probate Court No. 1

\_\_\_\_\_

of

- Incapacitated Person
- Deceased
- Minor

Travis County, Texas

### Order to Report Authorization of Court-Appointee Fees

In an order dated \_\_\_\_\_, the Court ordered that fees in the amount of \$ \_\_\_\_\_ were be paid from/by \_\_\_\_\_ to the court appointee in this cause, \_\_\_\_\_ (bar number if attorney: \_\_\_\_\_). The fees were associated with services the named court-appointee performed as:

| <u>Position to which appointed</u>             | <u>Types of Fees</u>                                                                                        | <u>Appointee's Relationship to Ward or Deceased</u>    |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Attorney ad Litem     | <input type="checkbox"/> 5% Statutory Fee for Administrator                                                 | <input type="checkbox"/> Family member                 |
| <input type="checkbox"/> Guardian ad Litem     | <input type="checkbox"/> 5% Statutory Fee for Executor                                                      | <input type="checkbox"/> Friend                        |
| <input type="checkbox"/> Administrator         | <input type="checkbox"/> 5% Statutory Fee for Guardian                                                      | <input type="checkbox"/> Attorney                      |
| <input type="checkbox"/> Guardian              | <input type="checkbox"/> 5% Statutory Fee for Trustee                                                       | <input type="checkbox"/> Public Guardianship Program   |
| <input type="checkbox"/> Receiver              | <input type="checkbox"/> Unreasonably low, additional compensation                                          | <input type="checkbox"/> Private Professional Guardian |
| <input type="checkbox"/> Mediator              | <input type="checkbox"/> Attorneys fees for serving as an attorney or guardian ad litem                     | <input type="checkbox"/> Trustee                       |
| <input type="checkbox"/> Case Manager          | <input type="checkbox"/> Attorneys fees for serving <i>as attorney</i> when also serving as court appointee | <input type="checkbox"/> Other (specify) _____         |
| <input type="checkbox"/> Interpreter           | <input type="checkbox"/> Case-management fees                                                               |                                                        |
| <input type="checkbox"/> Physician             | <input type="checkbox"/> Other (specify) _____                                                              |                                                        |
| <input type="checkbox"/> Court Investigator    |                                                                                                             |                                                        |
| <input type="checkbox"/> Visitor               |                                                                                                             |                                                        |
| <input type="checkbox"/> Other (specify) _____ |                                                                                                             |                                                        |

In compliance with Texas Supreme Court Order Number 07-9188, the Court orders the reporting of these fees.

Signed on \_\_\_\_\_, 2015.

\_\_\_\_\_  
Presiding Judge

Appendix Ae:  
Guardianship of

No. \_\_\_\_\_

§  
§  
§

Probate Court  
Number One of  
Tarrant County, Texas

\_\_\_\_\_  
An Incapacitated Person

Sworn Statement of Services and Expenses by Appointee in Court-Initiated Guardianship

On this day personally appeared \_\_\_\_\_ ("Appointee"), known to me, who first being duly sworn upon oath to tell the truth, deposed and stated:

"I am an attorney licensed to practice law in the State of Texas and appointed by the Court in this cause. The nature of services rendered in this action on behalf of my client by myself or someone in my employ is as follows:  
Guardian Ad Litem

- a. personally interviewed Proposed Ward;
- b. interviewed party who filed the letter concerning Proposed Ward and known relatives of Proposed Ward;
- c. filed Application for Guardianship and a written report prior to hearing and ensured proper service and return of citation on Proposed Ward;
- d. located a person to serve as Guardian or coordinated with Volunteer Guardians and notified family members as required by Texas Estates Code § 1051.104;
- e. consulted with Attorney Ad Litem concerning Application;
- f. set and attended hearing on Application;
- g. assisted Guardian in obtaining his or her bond and letters.

Attorney Ad Litem

- a. reviewed application for guardianship, certificates of physical, medical and intellectual examination and relevant medical, psychological and intellectual testing records of Proposed Ward;
- b. personally interviewed Proposed Ward and discussed the laws and facts of the case, Proposed Ward's legal options and grounds on which guardianship is sought;
- c. ascertained whether the Proposed Ward wishes to oppose the proceedings and filed appropriate Answer, with copy of the report to the Court Investigator;
- d. consulted with Guardian Ad Litem or Court Investigator concerning Application;
- e. appeared on behalf of Proposed Ward at the hearing;
- f. reported on the need for continuation of the appointment or discharge of the Attorney Ad Litem at the hearing.

I therefore request the following fees and expenses for my representation of the Proposed Ward: (check one)

- Guardian Ad Litem fee \$ 1,000.00       Attorney Ad Litem fee \$ 500.00
- Expenses and reimbursement requested. (Please check appropriate line and attach proof and explanation)
- parking charges, long distance calls or other expense \$ \_\_\_\_\_
- TOTAL OF ATTORNEY'S FEES AND EXPENSES REQUESTED: \$ \_\_\_\_\_

Signature : \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Bar Card #: \_\_\_\_\_  
Phone Number \_\_\_\_\_  
e-Mail: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me by the aforesaid attorney on \_\_\_\_\_

\_\_\_\_\_  
Notary

**ORDER**

On this day, the Court considered foregoing, and finds that said Appointee has rendered necessary services on behalf of the Proposed Ward, that such fees and expenses are reasonable and just, and should be paid.

It is therefore ORDERED that said Appointee be immediately paid the total sum of \$ \_\_\_\_\_ from from funds held in the registry of this Court for such purpose [or by the Applicant or out of the funds of Tarrant County] within thirty (30) days of the date hereof.

It is further ORDERED that the appointment of Appointee is terminated and that the Appointee named herein is discharged as ad litem in this cause.

Signed this \_\_\_\_\_.

\_\_\_\_\_  
Judge Presiding

Appendix Af:

No. \_\_\_\_\_

Guardianship of

§  
§  
§  
§  
§

Probate Court

\_\_\_\_\_

Number One of

An Incapacitated Person

Tarrant County, Texas

Application for Payment of Fees and Expenses of Ad Litem  
("Private Pay or County Pay in Excess of Set Fee")

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES, \_\_\_\_\_, Applicant (and duly-appointed \_\_\_\_\_ Ad Litem for \_\_\_\_\_, "Ward"), and respectfully shows the Court as follows:

1. Applicant was appointed \_\_\_\_\_ Ad Litem by Order of this Court dated \_\_\_\_\_.
2. Applicant is an attorney licensed to practice law in the State of Texas. As \_\_\_\_\_ Ad Litem in the above-referenced matter, Applicant has spent \_\_\_ hours on this matter and incurred expenses in the amount of \$ \_\_\_ as set forth in the itemized statement attached hereto as Exhibit A and incorporated herein for all purposes.
3. A Guardian was appointed for the Ward/ The Application for Guardianship was denied.
4. Applicant is familiar with the reasonable and customary fees charged by attorneys serving as \_\_\_\_\_ Ad Litem in Probate Court proceedings in Tarrant County, Texas. In my opinion, which is based upon my experience, education and training, the amount of \$ \_\_\_\_\_ is a reasonable and customary fee for the services I have provided in this matter and such fee is necessary and was incurred while representing the best interest of the Ward.

WHEREFORE, Applicant respectfully requests that this Court award attorney's fees and expenses in the amount of \$ \_\_\_\_\_ and order that such fees be paid from funds held in the registry of this Court for such purpose, with any balance due to be paid from the funds available in the Ward's estate; [or by the Applicant or out of the funds of Tarrant County] within thirty (30) days of the date hereof.

Submitted this \_\_\_\_\_

\_\_\_\_\_ Bar Card # \_\_\_\_\_  
 Applicant/Ad Litem  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 e-Mail: \_\_\_\_\_

(Certificate of Service)

I hereby certify that a true and correct copy of the foregoing instrument was served upon the following counsel by electronic transmission on this \_\_\_\_\_.

Name e-mail Address  
(Repeat as Necessary)

\_\_\_\_\_  
[Attorney Name]

No. \_\_\_\_\_

Guardianship of

§  
§  
§  
§  
§

Probate Court

Number One of

\_\_\_\_\_

An Incapacitated Person

Tarrant County, Texas

Order Approving Ad Litem Fees and Authorizing Payment  
(Private Pay)

On this day, the Court considered the Application for Payment of Attorney's Fees filed by \_\_\_\_\_, Guardian/Attorney Ad Litem in this cause, and finds as follows:

1. the time expended and expenses advanced are reasonable and just and should be paid as ordered below.

2. the Court finds that such fees and expenses shall be paid out of the guardianship estate

(or)

3. *based upon the recommendation of the Court Investigator, the Application for Guardianship filed herein should be and has been denied and the Applicant shall pay all costs of this proceeding.*

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the attorney's fees and expenses should be immediately paid to the aforementioned Ad Litem in the amount of \$\_\_\_\_\_ and that such fees and expenses shall be taxed as costs in this case to be paid from from funds held in the registry of this Court for such purpose, with any balance due to be paid from the funds available in the Ward's estate; [or by the Applicant] within thirty (30) days of the date hereof.

SIGNED this \_\_\_\_\_.

\_\_\_\_\_  
Judge Presiding