

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** _____ DATE OF APPOINTMENT: _____

STYLE (use initials for minors) _____

JUDGE PRESIDING: _____

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

TYPE: _____ SUB-TYPE: _____

NAME OF PERSON(S) REPRESENTED (use initials for minors) _____

CHILD OR CHILDREN MOTHER FATHER

CLAIM: _____

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