

**APPOINTEE'S FEE COMPENSATION CLAIM FORM**

SUBMIT TO: \_\_\_\_\_

CAUSE NUMBER: \_\_\_\_\_

STYLE: \_\_\_\_\_

PLEASE USE CHILDREN'S INITIALS FOR CPS, ADOPTIONS & TERMINATIONS

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

TYPE: FAMILY SUB-TYPE : \_\_\_\_\_

**APPOINTEE INFORMATION:**

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

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

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FORT BEND COUNTY VENDOR # \_\_\_\_\_ TAX ID# \_\_\_\_\_  
(If Known)

POSITION APPOINTED: \_\_\_\_\_ DATE APPOINTED: \_\_\_\_\_

APPOINTEE TYPE: \_\_\_\_\_ SOURCE OF FEES: \_\_\_\_\_

**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. I am legally qualified and eligible for court appointments under law and this Court's Rules.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPOINTEE SIGNATURE

**ATTACHMENT: ATTACH A DETAILED LIST OF DATES WORKED, SERVICES PERFORMED, TIME, AND EXPENSES ON YOUR LETTERHEAD. ATTACH A COPY OF THE ORDER OF APPOINTMENT.**

**COURT USE ONLY**

**ORDER**

Payment of fees as described in the above invoice is approved in the amount of \$ \_\_\_\_\_. The Court believes that this individual is legally qualified and eligible for court appointment under law.

\_\_\_\_\_  
DATE

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

**ACCOUNTING USE ONLY**

_____ Vendor #	_____ Vendor Name	_____ Vendor Address	_____ \$	_____ Amount
_____ Accounting Unit	_____ Account	_____ Activity	_____ Acct Cat	_____ Amount