

CIVIL ATTORNEY'S FEE COMPENSATION CLAIM

SUBMIT TO: Civil Division – County Court at Law Clerks
Tarrant County Old Courthouse
100 West Weatherford Street, Room 250
Fort Worth, Texas 76196

ATTORNEY INFORMATION:

Name: _____ Bar # _____

Telephone Number _____ E-mail address: _____

Tax ID # _____ (if applicable)

CASE INFORMATION:

Case Number: _____ Date of Appointment: _____

Position to which Appointed: _____

Style (use initials for minors): _____

Judge Presiding: _____

IN THE COUNTY COURT AT LAW OF TARRANT COUNTY, TEXAS Please Check One

_____ **Court 1** _____ **Court 2** _____ **Court 3**

Name of Persons Represented (use initials for Minors) _____

_____ Child or Children

Dates of Service: _____ through _____

Source of Funds: _____

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.

Signature

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.

Presiding Judge

Date