

Attorney CPS Fee Voucher Nueces County Court at Law 5	<p style="text-align: center;">INSTRUCTIONS</p> <p>Use one claim form after each hearing. Each claim must be typed or printed. Submit completed form to the Judge for approval after each hearing for approval.</p>
<p>Cause No.: _____ -5</p> <p>In the Interest of : _____</p> <p>Type of Hearing <i>(check one)</i></p> <p>() Adverse () Review () Status () Placement () Initial Permanency () Bench Trial () Subsequent Permanency () Jury Trial () Other: _____ <i>(please explain)</i></p> <p>Attorney Participated by Phone: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>FLAT FEE RATE ACCEPTED: <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Court Date: _____</p> <p>I represent: _____</p> <p>Affidavit of Indigency attached: <input type="checkbox"/> yes <input type="checkbox"/> no <i>(if appointed to represent one of the Respondents only)</i></p> <p>Request for Extraordinary Circumstances: <input type="checkbox"/> yes <input type="checkbox"/> no <i>(itemization must be attached)</i></p> <p>Hours IN Court on this case: _____</p> <p>Hours OUT of Court on this case: _____ <i>(itemization must be attached)</i></p> <p>Reasonable Expenses/Reimbursements: _____</p>

NO COMPENSATION FOR WORK ON THIS CASE HAS BEEN, NOR DO I ANTICIPATE WILL BE RECEIVED FROM ANY OTHER SOURCE. I SWEAR UNDER OATH THAT THE CONTENTS OF THIS APPLICATION FOR FEES ARE TRUE AND CORRECT.

ATTORNEY NAME *(please print)*

SIGNATURE

BAR NUMBER

ADDRESS

VENDOR #

CITY, STATE AND ZIP CODE

PHONE NUMBER

ORDER

Extraordinary Circumstances:
 Granted Denied

FEE ORDERED: \$ _____

APPROVED:

DATE: _____

ANNE LORENTZEN, DISTRICT CLERK

Judge, County Court at Law 5

BY: _____
Deputy

Date Audited: _____ PO# _____

by: _____
Assistant County Auditor

