

ATTORNEY FEE EXPENSE CLAIM and ORDER OF PAYMENT

Client Name:

 Relationship to Case:

 Position Appointed:

 Name of person or entity appointed:

 Address:

County: Court: Cause: Case Style:
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TBC#(required):

Source (payor) of Fees:

Type of Service	Hours	Days	Hourly	Daily	
Hearing					\$
Non Jury Trial					\$
Jury Trial					\$
Mediation (attach Mediation Statement)					\$
AppelateBrief/Arguments					\$
Out of Court Preparation					\$
Expenses (attach Itemization)					\$
Total					\$

I certify that I have performed the services and incurred the expenses listed above in representing the client this in accordance with Texas Statues. I have not received nor will I receive any other payment for representing client from any private party.

 Attorney

IT IS THEREFORE ORDERED that the approved fees and expenses for services rendered in this casue shall be paid from the source listed above within (30) days fo the date hereof.

DATE _____

 Judge Presiding

Please attach any itemized request for services or expenses.