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	§	WILLIAMSON COUNTY, TEXAS

**ORDER APPROVING AND REPORTING PAYMENT OF FEES  
AND VOUCHER (CPS- PURSUANT TO CHAPTER 36 OF THE TEXAS GOVERNMENT CODE)**

ATTORNEY INFORMATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
LAST THREE OF EIN OR SS \_\_\_\_\_

On this day, the Court finds as follows:

**Select only one box:**

- the Court appointed the above named attorney to represent a minor child or children in the case; or
- the Court appointed the above named attorney to represent an **indigent** parent in the case;

The Court ORDERS payment of fees described in the **attached invoice** as follows:

Attorney fees in the amount of:           \$ \_\_\_\_\_

Representing number of hours billed: \_\_\_\_\_

Expenses in the amount of:           \$ \_\_\_\_\_

The Court finds that the above amount reflects reasonable and necessary attorney fees to the disposition of the case. The Court further orders the fees to be paid by Williamson County Auditors Office.

Signed: \_\_\_\_\_

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Court  
Line Item: \_\_\_\_\_

VERIFICATION

I, the undersigned attorney, represent to this court that I am an attorney license to practice law in the State of Texas and appointed by the Court in this case. I represent that the attached invoice fairly and accurately represents the work performed by me. I further represent that I worked

\_\_\_\_\_ attorney hours on this case and spent:

\_\_\_\_\_ in expenses on this case.

I have figured the hours to the nearest 1/10. The hours worked and expenses incurred were reasonable and necessary.

\_\_\_\_\_  
ATTORNEY