

TITLE IVD COURTS
ATTORNEY FEES EXPENSE CLAIM
DISTRICT COURTS-COURT APPEARANCE
TEX. FAM. CODE § 157.164

INSTRUCTIONS

Payment will not be authorized until each item is completed legibly and in ink. Follow the instructions below and forward the completed claim to the presiding judge for approval.

Title IVD Court No	Party or Child's Name	Case Number(s)
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INDIVIDUAL CASE APPOINTMENT	Court Date(s)	No. of Court days / hours	Minimum	Maximum	Amount
CONTEMPT	Non-Trial (per day) <input type="checkbox"/> AJOC <input type="checkbox"/> ancillary hearing		*****	\$125.00	
	Trial (per day) Contested on the merits		*****	\$300.00	
	Out of Court (per hour) <i>(see attached form)</i>		*****	\$75.00	
APPEALS			*****	\$3,000.00	
TRIALS MORE THAN 5 DAYS			*****	\$2,500.00	
				TOTAL	

ALL VOUCHERS MUST BE SUBMITTED FOR COURT APPROVAL IMMEDIATELY FOLLOWING THE HEARING FOR WHICH THE COURT TIMES OR OUT OF COURT HOURS ARE BEING REQUESTED

PERSONAL INFORMATION

Telephone Number ()	Bar Card Number
Mailing Address: (Number, Street, Suite, City, State, Zip Code)	

CERTIFICATION

I, _____, Attorney at Law, certify under penalty of perjury that the Harris County Auditor may rely upon the information contained above to make payment according to the fee schedule adopted by the Board of District Judges Trying Family Cases pursuant to Section 157.164 of the Texas Family Code. I further certify that I have not received, nor will receive, any other money or anything else of value in this case except for payment ordered by the court for representing the child, indigent party or respondent served by publication.

Attorney at Law (Signature)

Date Submitted for Payment _____, 20____.

APPROVED FOR PAYMENT:

_____ Date _____ Title IVD Court _____
Title IVD Associate Judge