

JIM WELLS COUNTY COURT AT LAW
CPS Private Attorney Compensation Form

Section I: Attorney Information

Atty Name:
Bar Number:
Tax ID#:
Address:
Phone #:
Email Add.:

Check here for Final Payment
 Check here Interim Payment
 Check for Initial Payment
 Other

Section II: Case Information

Cause #: Date of Appointment:
Style (Use initials for minors):
Judge Presiding:
In the District of: **Jim Wells County Court at Law**, Texas **JWCCL** Judicial District OR Child Protection Court

Case ID (Select all that apply):

Temp. Managing Conservatorship Court Ordered Services (motion to participate in services)
 Perm. Managing Conservatorship Appeal

Name of person(s) represented (use initials for minors):

Child or Children Number of Children represented,

Custodial Parent (Living with child at time of legal filing):

Mother
 Father
 Mother & Father

Non-Parent Conservator:

Cust. Cons.(Person w/who child living at time of filing)
 Non-Cust. Cons.(not living w/child at time of filing)
 Unloc. Cons.(Identity unknown, location unknown)

Non-Custodial Parent (not living w/child at time of legal filing):

Mother
 Father
 Mother & Father
 Unknown Father (Identity Uknown)
 Unlocated Father (Identity Known, Location Unknown)
 Alleged Father (Paternity not legally established)

Appeal - Adult
 Appeal - Child or Children

Section III: Compensation Information

Date of Service: Through:

I Request Payment of: \$

This represents:

Attorney Hours (Attorney hours Including):

Hrs. of client contact (meeting/phone call)
 Hrs. of court time
 Hrs. of court time, at a rate of, \$ _____
 Travel hours, at a rate of, \$ _____

Total Hrs:

Non-Attorney Hours:

Paralegal hours, at a rate of, \$ _____
 Investigators, at a rate of, \$ _____
 Expert Witness, at a rate of, \$ _____
 Social Worker, at a rate of, \$ _____
 Other Litigation expenses at a rate of, \$ _____

Total Hrs:

I certify the hours worked were reasonable and necessary. The expenses incurred were reasonable and necessary. Accurate etails are attached.

Attorney Signature

Date

*If required, attach a detailed list of dates worked, services performed, time, and expenses.

***Effective February 1, 2026, Compensation forms must be submitted within 30 days of service.**

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Fee Approval:

- Payment of fees as described in the above invoice is approved in the amount of \$: 500.00 because the Court finds this amount of reflect reasonable and necessary attorney fees to the disposition of the case.
- The following adjustments were made to the fee request \$, because the Court finds this amount to reflect reasonable and necessary attorney fees to the disposition of the case and the payment of fees of \$, amount has been approved.
- The Court has determined that this individual is legally qualified and eligible for court appointment.

Jim Wells County Court at Law Judge

SIGNATURE

DATE