Attorney CPS Fee Voucher	INSTRUCTIONS  Use one claim form of an each bearing Months toward an animated Submits	
Nueces County Court at Law 5	Use one claim form after each hearing. Must be typed or printed. Submit completed form to the Judge for approval after each hearing.	
Cause No.:	I represent:  (Use initials for minors)  Which is:  □ Child or children Number of children represented	
Dates of Service:	Custodial parent (living with child at time of legal filing)	
Type of Hearing (check one)  ( ) Adversary ( ) Review ( ) Status ( ) Placement ( ) Initial Permanency ( ) Bench Trial ( ) Subsequent Permanency ( ) Jury Trial ( ) Other:	Non-Custodial parent (not living with child at time of legal filing and/or    Mother	
FLAT FEE RATE ACCEPTED: 19 yes 10 no	Hours OUT of Court on this case (Attach Itemization)	
Final Payment: □ yes □ no Appeal: □ yes □ no		
Affidavit of Indigency attached:  yes  no (If appointed to represent one of the Respondents only)	Reasonable Expenses/Reimbursements: (Attach Receipts  Request Extraordinary Circumstances:   yes   no (Attach Itemization)	
	AS BEEN, NOR DO I ANTICIPATE WILL BE RECEIVED FROM ANY OTHER NTS OF THIS APPLICATION FOR FEES ARE TRUE AND CORRECT.	
ATTORNEY NAME (please print)	SIGNATURE	
BAR NUMBER	ADDRESS	
VENDOR #	CITY, STATE AND ZIP CODE	
ATTORNEY EMAIL	PHONE NUMBER	
	<u>ORDER</u>	
Extraordinary Circumstances:   Granted	□ Denied	
FEE ORDERED: \$	RECORDED BY:	
DATE:	ANNE LORENTZEN, DISTRICT CLERK	
	Bv:	
Judge, County Court at Law 5	By: Deputy	
Date Audited: PO#	By: Assistant County Auditor	

Date of Service	Description of Service	Time
In Court Services:		
**************************************		
	***************************************	
Out of Court Services:		
		4.4.4
Other Services and Reimburso	ible Expenses:	
(please attach proof and itemiza	tion)	