IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS
65TH JUDICIAL DISTRICT

ORDER FOR APPROVAL OF PAYMENT

In the Interest of: _____ Cause No. _____
Appointed on: _____ to represent: _____
Attorney: _____ Social Security #_____
Address: _____ State Bar # _____

CLAIM FOR SERVICES OR EXPENSES

SERVICE IN- COURT	Date	Hours
A. Adversary Hearing	_____	_____
B. Status Hearing	_____	_____
C. 1st Permanency Hearing	_____	_____
D. Permanency Hearing	_____	_____
E. Final or Termination Hrg.	_____	_____
F. Motion Hearing	_____	_____
G. Pre-trial	_____	_____
H. Trial de Novo	_____	_____
I. Placement Review Hrg.	_____	_____
J. 264 Hearing	_____	_____
K. Mediation/Settlement Conference	_____	_____
L. Drug Court Contempt/Sanctions	_____	_____

TOTAL TIME _____ *X* ***$90.00/HR*** *= $*_____

AF00_____
Vendor _____
Trans Code __**200**_____
Index **CHILDWFEES**
Sub-Obj **6855**
Date Entered _____

SERVICE - OUT OF COURT	Date	Hours
A. Service Plan Meetings	_____	_____
B. Legal Research	_____	_____
C. Client Conference / Visit	_____	_____
D. ARD / School Meeting	_____	_____
E. Case Preparation	_____	_____
F. Trial Preparation	_____	_____
G. Judge's Conference	_____	_____
H. Meeting with Service Providers	_____	_____
I. Family Conference/ Meeting	_____	_____
J. Drug Court Meeting	_____	_____

TOTAL TIME _____ *X* ***$75.00/HR*** *= $*_____

APPROVED EXPENSES **	Date	Amount
A. Travel_____	_____	_____
B. Other _____	_____	_____
** Attach all receipts and court approval	TOTAL	_____

ORDER FOR PAYMENT
IT IS ORDERED that this voucher shall be paid in the total sum of $_____

ATTORNEY CERTIFICATION
I swear and affirm the truth of the above statement. I certify that I have not submitted any other voucher with the above listed claims; I certify I have previously filed a voucher for $ _____on his case on the day of_____, 20_____.

_____
JUDGE **DATE**

_____
ATTORNEY SIGNATURE **DATE**

******EFFECTIVE DATE SEPTEMBER 2, 2014******

revised 9/5/2014