

STYLE OF THE CASE AS IN ALL CASES

ORDER APPROVING PAYMENT

ATTORNEY INFORMATION

NAME _____
ADDRESS _____
ADDRESS _____
LAST FOUR DIGITS OF EIN OR SS _____

On this day, the Court finds as follows:

_____ 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:

_____ (county pay) Williamson County Auditors Office

_____ (private pay) _____

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