

# Order Authorizing Payment of Fees

<b>Full Name of Appointed Person:</b>	<b>Pay to the Order of:</b>	<b>Address:</b>
<b>State Bar/License Number:</b>	<b>Phone Number/Email:</b>	

**In the Case of:** \_\_\_\_\_ **v.** \_\_\_\_\_

**In the Interest of:** \_\_\_\_\_

**Cause Number(s):**


**Is the Case:**

Active  Disposed

<b>Service Provided:</b>	<b>Jurisdiction:</b>	<b>Case Level:</b>	<b>Services Provided:</b>	<b>Representing:</b>	<b>Representing (CPS ONLY):</b>
<input type="checkbox"/> Attorney	<input type="checkbox"/> County Court at Law	<input type="checkbox"/> Felony	<input type="checkbox"/> For Defense	<input type="checkbox"/> Adult	<input type="checkbox"/> Custodial Parent
<input type="checkbox"/> Interpreter	<input type="checkbox"/> 21 <sup>st</sup> District Court	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> For Prosecution	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Non-Custodial Parent
<input type="checkbox"/> Investigator	<input type="checkbox"/> 335 <sup>th</sup> District Court	<input type="checkbox"/> Capital Case	<input type="checkbox"/> For the Court		<input type="checkbox"/> Non-Parent Conservator
<input type="checkbox"/> Psych Evaluation	<input type="checkbox"/> 423 <sup>rd</sup> District Court	<input type="checkbox"/> Civil			<input type="checkbox"/> Children # _____
<input type="checkbox"/> Expert Witness	<input type="checkbox"/> 465 <sup>th</sup> District Court	<input type="checkbox"/> CPS			<input type="checkbox"/> <i>Other Family Matter</i>
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Title IV-D Court	<input type="checkbox"/> Appeal			_____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____			

**Explanation of Services Rendered:**  
(Attach backup if necessary)

**Dates of Service:** \_\_\_\_\_ to \_\_\_\_\_

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<b>Total Flat Fee:</b>	<b>Total In Court Compensation:</b>	<b>Total Out of Court Compensation:</b>	<b>Total Amount Requested:</b>
<p><b>CERTIFICATION:</b> I, the undersigned, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel and/or to provide the services previously ordered.</p> <p><input type="checkbox"/> Final Payment    <input type="checkbox"/> Partial Payment</p> <p style="text-align: center;">             _____              Signature         </p> <p style="text-align: right;">             _____              Date         </p>			

### Bastrop County Use Only

<b>Amount Approved:</b>	<b>Treasurer's Office Approval</b> CLAIM # _____ APPROVED _____ PAID CK _____ DATE _____	<b>Commissioners Court Approval</b>
<b>Expense Code:</b>		
The following fee(s) is/are hereby approved and the payment is so <b>ORDERED.</b>		
_____ Signature of Presiding Judge	_____ Date	
Reason(s) for Denial or Variation:		