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**ATTORNEY FEES EXPENSE CLAIM  
DISTRICT COURTS-COURT APPEARANCE**  
TEX. FAM. CODE §§ 107.015 & 157.164

**INSTRUCTIONS**

Payment will not be authorized until each item is completed legibly and in ink. Follow the instructions below and forward the completed claim to the presiding judge for approval.

<b>Court No.</b> 308	<b>Party or Child's Name</b> P (Child)	<b>Case Number(s)</b> 2011-58664
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INDIVIDUAL CASE APPOINTMENT		Court Date(s)	No. of Court days / hours	Minimum	Maximum	Amount
<b>CONTEMPT</b>	Non-Trial (per day) <input type="checkbox"/> AJOC <input type="checkbox"/> ancillary hearing			\$125.00	\$225.00	
	Trial (per day) Contested on the merits			\$300.00	\$500.00	
	Out of Court (per hour) (see attached form)			\$75.00	\$150.00	
<b>TDFPS</b>	Non-Trial (per day) <input type="checkbox"/> emergency <input type="checkbox"/> full adversarial <input type="checkbox"/> permanency <input type="checkbox"/> status <input type="checkbox"/> placement review <input type="checkbox"/> entry (upon appearance)			\$125.00	\$225.00	
	Trial (per day) Contested on the merits	8/29/13	1	\$300.00	\$500.00	\$300.00
	Out of Court (per hour) (see attached form)	8/10/13	8.0	\$75.00	\$100.00	\$600.00
<b>APPEALS</b>		8/12/13		*****	\$3,000.00	
<b>TRIALS MORE THAN 5 DAYS</b>		8/25/13		*****	\$2,500.00	
<b>TOTAL</b>						\$900.00

**ALL VOUCHERS MUST BE SUBMITTED FOR COURT APPROVAL IMMEDIATELY FOLLOWING THE HEARING FOR WHICH THE COURT TIMES OR OUT OF COURT HOURS ARE BEING REQUESTED**

**PERSONAL INFORMATION**

Social Security Number (last 4 digits) XXX-XX-XXXX	Telephone Number (713) 621-6335	Bar Card Number 16395800
Mailing Address: (Number, Street, Suite, City, State, Zip Code) 2211 NORfolk Houston TX 77098		

**CERTIFICATION**

I, Gary Pollard, Attorney at Law, certify under penalty of perjury that the Harris County Auditor may rely upon the information contained above to make payment according to the fee schedule adopted by the Board of District Judges Trying Family Cases pursuant to Section(s) 107.015 and/or 157.164 of the Texas Family Code. I further certify that I have not received, not will receive, any other money or anything else of value in this case except for payment ordered by the court for representing the child, indigent party or respondent served by publication.

Date Submitted for Payment 8/29, 2013

[Signature]  
Attorney at Law (Signature)

APPROVED FOR PAYMENT:  
9-4-13 Date 308 Court

[Signature]  
Presiding Judge

AUDITOR

OUT OF COURT LOG - FAMILY DISTRICT COURTS

Court Number: 388 Case Number: 20115864

DATE	TIME	ACTIVITY	AMOUNT APPROVED BY COURT
8/10/13	5.0	Trial transcript review visit scripts Report with	
8/12/13	1.0	Mediator	
8/25/13	2.0	Review trial preparation	
			\$200.00
			\$400.00
			\$900.00

TOTAL HOURS SUBMITTED: 8.0 TOTAL AMOUNT APPROVED: \$1600.00

Approved  
9-4-13

*[Signature]*  
Judge Presiding

*[Signature]*  
Attorney at Law (Signature)  
Attorney Name (print legibly)

AUDITOR

No. 2013-04442J

IN RE:

IN THE DISTRICT COURT OF  
HARRIS COUNTY, TEXAS

CHILD(REN)

313 TH DISTRICT COURT

ORDER

The Court, having appointed Gary M. Pollard,  
TB# 16095800, hereinafter referred to as the "Appointee," as the attorney/guardian ad litem to represent the interests of child in the above referenced cause of action, finds that at this time the parents of the child are indigent and that following fee to be paid to the Appointee is in accordance with Section 107.015 (c), Texas Family Code.

It is therefore Ordered that the General Fund of Harris County shall pay Appointee as follows:

In Court Appearance	Number of Days in Court	Dates in Court	Fixed Rate	Minimum	Maximum	Amount
Non-trial	1	8/22/13		\$75	\$150	150
Trial				\$100	\$300	
For trial of 5 days or more			Up to \$2,500			

Out of Court Time and Expenses [Expenses must have prior court approval and be documented.]	Dates of out of court work	Number of Hours/10 Hours Maximum	Hourly Rate	Minimum	Maximum	Amount
Out of Court Hours	8/12/13	7.5	\$30 to \$50		\$500	350
Expert Testimony	8/9/13			\$200	\$800	
Investigation					\$600	

Appeals - Fixed Rate of \$500-\$2,500	Amount

Total	Total
	500

PERSONAL INFORMATION

Name: Gary M. Pollard  
 Social Security Number or Tax ID Number: on file Telephone Number: 713 621 6335 Bar Number: 16095800  
 Mailing Address: 2211 Norfolk St, Ste 920, Houston, Tx, 77098

CERTIFICATION

I, Gary M. Pollard, attorney at law, swear or affirm to the Court that I have not received nor will I receive any other money or anything else of value in the case except for payment ordered by the Court according to the fee schedule adopted by the Board of Judges pursuant to Article 26.05, Code of Criminal Procedure, effective September 1, 1987, and amended March 1, 1991.  
[Signature]  
 Attorney

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
[Signature]  
 Judge Presiding

LEGAL DEPT. APPROVAL DATE: _____	APPROVED BY: _____
VENDOR NO: _____	CLERICAL ACCURACY: _____
AMOUNT: _____	PROCESS DATE: _____
ACCOUNT NO: 1000-100-26-6223	PAYMENT APPROVAL: _____

T.D.F.P.S. - For use in CPS cases wherein both parents are found to be indigent.

AUDITOR



Case# Correction

VOUCHER # X-2 X 298752

No. 20130442J

2013-0442J

IN RE:

IN THE DISTRICT COURT OF

HARRIS COUNTY, TEXAS

313

TH DISTRICT COURT

CHILD(REN)

ORDER

The Court, having appointed Gary Polanco, TB# 169580, hereinafter referred to as the "Appointee," as the attorney/guardian ad litem to represent the interests of [child] in the above referenced cause of action, finds that at this time the parents of the child are indigent and that following fee to be paid to the Appointee is in accordance with Section 107.015 (c), Texas Family Code.

It is therefore Ordered that the General Fund of Harris County shall pay Appointee as follows:

In Court Appearance	Number of Days in Court	Dates in Court	Fixed Rate	Minimum	Maximum	Amount
Non-trial	1	8/15/13		\$75	\$150	150
Trial				\$100	\$300	
For trial of 5 days or more			Up to \$2,500			

Out of Court Time and Expenses [Expenses must have prior court approval and be documented.]	Dates of out of court work	Number of Hours/10 Hours Maximum	Hourly Rate	Minimum	Maximum	Amount
Out of Court Hours	8/10/13	7.5	\$30 to \$50		\$500	350
Expert Testimony	8/9/13			\$200	\$800	
Investigation					\$600	

Appeals - Fixed Rate of \$500-\$2,500

Total Amount 500

PERSONAL INFORMATION

Name: Gary Polanco
Social Security Number: on file
Telephone Number: 716216335
Bar Number: 95800
Mailing Address: 2211 Norfolk #920 Houston TX 77078

CERTIFICATION

I, Gary Polanco, attorney at law, swear or affirm to the Court that I have not received nor will I receive any other money or anything else of value in the case except for payment ordered by the Court according to the fee schedule adopted by the Board of Judges pursuant to Article 26.05, Code of Criminal Procedure, effective September 1, 1987, and amended March 1, 1991.

Signed this \_\_\_ day of \_\_\_, 20\_\_.

Judge Presiding

LEGAL DEPT. APPROVAL DATE:
VENDOR NO:
AMOUNT:
ACCOUNT NO: 1000-100-26-6225
APPROVED BY:
CLERICAL ACCURACY:
PROCESS DATE:
PAYMENT APPROVAL:

T.D.F.P.S. - For use in CPS cases wherein both parents are found to be indigent.

AUDITOR

**OUT OF COURT TIME  
JUVENILE and CPS CASES**

TO: Harris County Auditors Office

FROM: 313 District Court  
Harris County, Texas

STYLE - CAUSE NO: 201304421

DATES OF ACTIVITY	TYPE OF ACTIVITY	NUMBER HOURS
8/10/13	Travel to & from court	5.0
	have visit & draft	
	report in photos	
8/9/13	have file draft	2.0
	answer of subpoena	
TOTAL OUT OF COURT HOURS		

Attorney: Gary P. ...  
Tax ID# ON file

Signature: [Signature]  
Date signed: 8/15/13

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INSTRUCTIONS

ATTORNEY FEES EXPENSE CLAIM  
DISTRICT COURTS-COURT APPEARANCE  
TEX. FAM. CODE §§ 107.015 & 157.164

Payment will not be authorized until each item is completed legibly and in ink. Follow the instructions below and forward the completed claim to the presiding judge for approval.

Court No. 315	Party or Child's Name (Children)	Case Number(s) 2011-06808
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INDIVIDUAL CASE APPOINTMENT	Court Date(s)	No. of Court days / hours	Minimum	Maximum	Amount
CONTEMPT Non-Trial (per day) <input type="checkbox"/> AJOC <input type="checkbox"/> ancillary hearing Trial (per day) Contested on the merits Out of Court (per hour) (see attached form)			\$125.00	\$225.00	
			\$300.00	\$500.00	
			\$75.00	\$150.00	
TDFPS Non-Trial (per day) <input checked="" type="checkbox"/> emergency <input type="checkbox"/> full adversarial <input type="checkbox"/> permanency <input type="checkbox"/> status <input checked="" type="checkbox"/> placement review <input type="checkbox"/> entry (upon appearance) Trial (per day) Contested on the merits Out of Court (per hour) (see attached form)	9/16/13	1	\$125.00	\$225.00	137.50
			\$300.00	\$500.00	
	8/10/13 } 9.0		\$75.00	\$100.00	
	8/15/13 }				
APPEALS				\$3,000.00	
TRIALS MORE THAN 5 DAYS				\$2,500.00	
<b>TOTAL</b>					812.50

ALL VOUCHERS MUST BE SUBMITTED FOR COURT APPROVAL IMMEDIATELY FOLLOWING THE HEARING FOR WHICH THE COURT TIMES OR OUT OF COURT HOURS ARE BEING REQUESTED

PERSONAL INFORMATION		
Social Security Number (last 4 digits) XXX-XX-XXXX	Telephone Number (713) 621-6335	Bar Card Number 16095800
Mailing Address: (Number, Street, Suite, City, State, Zip Code) 2211 Norfolk #201, Houston TX 77048		

CLASSIFICATION  
I, Gary Pousard, Attorney at Law, certify under penalty of perjury that the Harris County Auditor may rely upon the information contained above to make payment according to the fee schedule adopted by the Board of District Judges Trying Family Cases pursuant to Section(s) 107.015 and/or 157.164 of the Texas Family Code. I further certify that I have not received, nor will receive, any other money or anything else of value in this case except for payment ordered by the court for representing the child, indigent party or respondent served by publication.

Date Submitted for Payment 9/16, 2013 [Signature] Attorney at Law (Signature)

APPROVED FOR PAYMENT:  
SEP 13 2013 Date [Signature] Court [Signature] Presiding Judge

AUDITOR


**OUT OF COURT TIME  
JUVENILE and CPS CASES**


TO: Harris County Auditors Office

FROM: 35 District Court  
Harris County, Texas

STYLE \_\_\_\_\_ CAUSE NO: 2011 - 060081

DATES OF ACTIVITY	TYPE OF ACTIVITY	NUMBER HOURS
8/10/13	Travel to conduct home	4.0
	visit with Keenan & Tristen <del>based off reports</del>	
8/15/13	Travel to GCJVID	5.0
	home visit to draft report	
	Re Effair -	
TOTAL OUT OF COURT HOURS		9.0

Attorney: 

Signature: 

Tax ID# WA on file

Date signed: 9/6/13



**ATTORNEY FEES EXPENSE CLAIM  
DISTRICT COURTS-COURT APPEARANCE**  
TEX. FAM. CODE §§ 107.015 & 157.164

**INSTRUCTIONS**

Payment will not be authorized until each item is completed legibly and in ink. Follow the instructions below and forward the completed claim to the presiding judge for approval.

<b>Court No:</b> 31	<b>Party or Child's Name</b> [Handwritten Name]	<b>Case Number(s)</b> 2009-21265
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INDIVIDUAL CASE APPOINTMENT		Court Date(s)	No. of Court days / hours	Minimum	Maximum	Amount
CONTEMPT	Non-Trial (per day) <input type="checkbox"/> AJOC <input type="checkbox"/> ancillary hearing			\$125.00	\$225.00	
	Trial (per day) Contested on the merits			\$300.00	\$500.00	
	Out of Court (per hour) (see attached form)			\$75.00	\$150.00	
TDFPS	Non-Trial (per day) <i>Time:</i> <input type="checkbox"/> emergency <input type="checkbox"/> full adversarial <input type="checkbox"/> permanency <input checked="" type="checkbox"/> status <input type="checkbox"/> placement review <input type="checkbox"/> entry (upon appearance)	By <i>let 1009</i> [Signature] Deputy 5/14/13	<i>6:40</i>	\$125.00	\$225.00	225
	Trial (per day) Contested on the merits			\$300.00	\$500.00	
	Out of Court (per hour) (see attached form) <i>let 1006</i>	<i>21.5</i>	<i>5.5</i>	\$75.00	\$100.00	555
	APPEALS			*****	\$3,000.00	
TRIALS MORE THAN 5 DAYS			*****	\$2,500.00		
					<b>TOTAL</b>	<b>775</b>

**FILED**  
Chris Daniel  
District Clerk  
AUG 14 2013

**ALL VOUCHERS MUST BE SUBMITTED FOR COURT APPROVAL IMMEDIATELY FOLLOWING THE HEARING FOR WHICH THE COURT TIMES OR OUT OF COURT HOURS ARE BEING REQUESTED**

**PERSONAL INFORMATION**

Social Security Number (last 4 digits) XXX-XX [Redacted]	Telephone Number (713) 21-6725	Bar Card Number 16 9580J
Mailing Address: (Number, Street, Suite, City, State, Zip Code) 221 NORFOLK #920 Houston TX 77048		

**CERTIFICATION**

I, Law Tolman, Attorney at Law, certify under penalty of perjury that the Harris County Auditor may rely upon the information contained above to make payment according to the fee schedule adopted by the Board of District Judges Trying Family Cases pursuant to Section(s) 107.015 and/or 157.164 of the Texas Family Code. I further certify that I have not received, not will receive, any other money or anything else of value in this case except for payment ordered by the court for representing the child, indigent party or respondent served by publication.

Date Submitted for Payment 8/14, 2013 [Signature] Attorney at Law (Signature)

APPROVED FOR PAYMENT:  
8-28-13 Date 311 Court [Signature] Presiding Judge

