

No. 2011-04713

291

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD(REN)

313 TH DISTRICT COURT

ORDER

The Court, having appointed Gary Pollard,
TB# 16295500, hereinafter referred to as the "Appointee," as the
attorney/guardian ad litem to represent the interests of children 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				\$75	\$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	10/1/13	5.0	\$30 to \$50		\$500	250
Expert Testimony				\$200	\$800	
Investigation					\$600	

Appeals - Fixed Rate of \$500-\$2,500	Amount
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Total	Total 250
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PERSONAL INFORMATION

Name: Gary Pollard
 Social Security Number SN 600 Telephone Number 716216335 Bar Number 7695800
 or Tax ID Number
 Mailing Address 2211 Norfolk #120 Houston TX 77046

CERTIFICATION

I, Gary 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 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

OUT OF COURT HOURS LOG - FAMILY DISTRICT COURTS

Court Number 313	Case Number 2011 04713	Party or Child's Name
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DATE	TIME	ACTIVITY	AMOUNT APPROVED BY COURT
10/1/13	5.0	Travel to & SVA at home visit & draft report with photos	

TOTAL HOURS SUBMITTED	5.0	TOTAL AMOUNT APPROVED	
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Approved _____
Judge, Presiding

[Signature]

Attorney at Law (Signature)

Attorney Name (print legibly)

COURT

No. 2013-044845

ADALF
22-1

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD(REN)

314 TH DISTRICT COURT

ORDER

The Court, having appointed DAW SPJT,
TB# 24004933, hereinafter referred to as the "Appointee," as the
attorney/guardian ad litem to represent the interests of FATHER & UNCLE FATHER 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)	10-1-13		\$75	\$150	125
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			\$30 to \$50		\$500	
Expert Testimony				\$200	\$800	
Investigation					\$600	

Appeals - Fixed Rate of \$500-\$2,500	Amount
Total	Total 125

PERSONAL INFORMATION

Name: DAW SPJT

Social Security Number or Tax ID Number ON FILE Telephone Number 7132256800 Bar Number 24004933

Mailing Address 405 MAIN ST 620 HOUSTON TX 77002

CERTIFICATION

I, DAW SPJT, 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 October, 2013.

[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

No. 2013-00240

CPXIT

IN RE:

IN THE DISTRICT COURT OF

HARRIS COUNTY, TEXAS

CHILD (RDN)

313 TH DISTRICT COURT

ORDER

The Court, having appointed Gary Pollard,
 TB# 1695800, hereinafter referred to as the "Appointee," as the
 attorney/guardian ad litem to represent the interests of children 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				\$75	\$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	<u>10/1/13</u>	<u>5.0</u>	\$30 to \$50		\$500	<u>200</u>
Expert Testimony				\$200	\$800	
Investigation					\$600	

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

Total	Total <u>200</u>
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PERSONAL INFORMATION

Name: Gary Pollard
 Social Security Number or Tax ID Number: Don't know Telephone Number: 716216335 Bar Number: 1695800
 Mailing Address: 2211 Norfolk #920 H TX 77098

CERTIFICATION

I, Gary 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

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

TO: Harris County Auditors Office

FROM: 313 District Court
Harris County, Texas

STYLE: _____

CAUSE NO: 2013 00240J

DATES OF ACTIVITY	TYPE OF ACTIVITY	NUMBER HOURS
10/11/13	Travel to	5.0
	conduct work	
	visit + drafted	
	report	
TOTAL OUT OF COURT HOURS		5.0

Attorney: Gary Rowland

Signature: [Signature]

Tax ID# [Signature]

Date signed: 10/2/13

**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.

Court No. **313** Party or Child's Name _____ Case Number(s) **22-04485 J**

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) <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)	10/2/13	1	\$125.00	\$225.00	137.50
	Trial (per day) Contested on the merits			\$300.00	\$500.00	
	Out of Court (per hour) (see attached form)	10/1/13	5.0	\$75.00	\$100.00	375.00
APPEALS				*****	\$3,000.00	
TRIALS MORE THAN 5 DAYS				*****	\$2,500.00	
						TOTAL 512.50

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-**██████** Telephone Number **736216335** Bar Card Number **16595805**

Mailing Address: (Number, Street, Suite, City, State, Zip Code)
2211 Norfolk #920, Houston TX 77057

FILED
Chris Daniel
District Clerk
OCT 21 2013

CERTIFICATION

I, Gary Blend, 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 10/2, 2013

Attorney at Law (Signature)

APPROVED FOR PAYMENT:
OCT 21 2013 Date _____ Court _____

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: 201044851

DATES OF ACTIVITY	TYPE OF ACTIVITY	NUMBER HOURS
10/1/13	Travel to & send	5.0
	more 11 sub & drafts	
	Report with photos	
TOTAL OUT OF COURT HOURS		5.0

Attorney: Gary Powell
Tax ID# DA file

Signature: [Signature]
Date signed: 10/2/13

No. 2012-06763

APR 26 AF

IN RE:

CHILD(REN)

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS
33 TH DISTRICT COURT

ORDER

The Court, having appointed Gary Polcaw,
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				\$75	\$150	
Trial	1	10/2/13		\$100	\$300	30
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	9/23/13 10/1/13	7.0	\$30 to \$50		\$500	350
Expert Testimony				\$200	\$800	
Investigation					\$600	

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

Total	Total
	650

PERSONAL INFORMATION

Name: Gary Polcaw
 Social Security Number 169580 Telephone Number 716216335 Bar Number 169580
 Mailing Address 2211 Norfolk #920 Houston, TX 77098

CERTIFICATION

I, Gary Polcaw, 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.
MM
 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: _____

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

TO: Harris County Auditors Office

FROM: 313 District Court
Harris County, Texas

STYLE CAUSE NO. 2012 067630

DATES OF ACTIVITY	TYPE OF ACTIVITY	NUMBER HOURS
9/23/13	Travel to court	5.0
	Conduct home visit draft report w/ photos.	
10/11/13	Review files, court preparation for trial.	2.0
TOTAL OUT OF COURT HOURS		<u>7.0</u>

Attorney: Gary Poland
Tax ID# on file

Signature: [Signature]
Date signed: 10/2/13

**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.

Court No. 308	Party or Child's Name / / / / /	Case Number(s) 2013-54334				
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) <input type="checkbox"/> emergency <input checked="" type="checkbox"/> full adversarial <input type="checkbox"/> permanency <input type="checkbox"/> status <input type="checkbox"/> placement review <input type="checkbox"/> entry (upon appearance)	10/3/13	1	\$125.00	\$225.00	\$225.00
	Trial (per day) Contested on the merits			\$300.00	\$500.00	
	Out of Court (per hour) (see attached form)	10/1/13	3.0	\$75.00	\$100.00	\$300.00
APPEALS				*****	\$3,000.00	
TRIALS MORE THAN 5 DAYS				*****	\$2,500.00	
					TOTAL	\$525.00

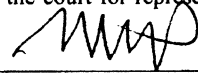
ALL VOUCHERS MUST BE SUBMITTED FOR COURT APPROVAL IMMEDIATELY FOLLOWING THE HEARING FOR WHICH THE COURT TIMES OR OUT OF COURT HOURS ARE BEING REQUESTED

PERSONAL INFORMATION

Social Security Number (last 4 digits) XXX-XX-XXXX	Telephone Number (713) 621-6335	Bar Card Number 1695800
Mailing Address: (Number, Street, Suite, City, State, Zip Code) 2211 Norfolk #920, Houston TX 77098		

CERTIFICATION

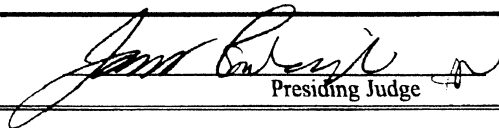
I, Gary PELAND, Attorney at Law, certify under penalty of perjury that the Harris County Auditor may rely upon the information contained above to make payment according to the fee schedule adopted by the Board of District Judges Trying Family Cases pursuant to Section(s) 107.015 and/or 157.164 of the 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.



Attorney at Law (Signature)

Date Submitted for Payment 10/3, 2013

APPROVED FOR PAYMENT:
10-773 Date 308 Court



Presiding Judge

AUDITOR

DATE	TIME	ACTIVITY	AMOUNT APPROVED BY COURT
10/1/13	3.0	Review court files, draft answers, out of court motion, send same with Asset Conty. Attly.	

TOTAL HOURS SUBMITTED: 3.0 TOTAL AMOUNT APPROVED: \$300.00

Approved:
 10-7-13
(Signature)

AUDITOR

No. 2013046330

APLCAF 10

IN RE:

IN THE DISTRICT COURT OF

HARRIS COUNTY, TEXAS

CHILD(REN)

313 TH DISTRICT COURT

ORDER

The Court, having appointed Gary Pollock, 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	10/31/13		\$75	\$150	125
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	9/13/13 - 10/1/13	7.0	\$30 to \$50		\$500	350
Expert Testimony				\$200	\$800	
Investigation					\$600	

Appeals - Fixed Rate of \$500-\$2,500	Amount
Total	Total 475

PERSONAL INFORMATION

Name: Gary Pollock

Social Security Number: [Redacted] Telephone Number: 716216335 Bar Number: 16595800

Mailing Address: 2211 Norfolk #970 Houston TX 77098

CERTIFICATION

I, Gary Pollock, 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, 1991.

[Signature]
Attorney

Signed this 10/31/13 day of 2013.

John Thiegn
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

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

TO: Harris County Auditors Office

FROM: 313 District Court
Harris County, Texas

STYLE _____ CAUSE NO: 2013 24633 J

DATES OF ACTIVITY	TYPE OF ACTIVITY	NUMBER HOURS
9/30/13	Review case file draft	2.0
	answer to sub of ct.	
10/1/13	Travel to conduct	5.0
	work visit draft report	
TOTAL OUT OF COURT HOURS		<u>7.0</u>

Attorney: Gary Bourne
Tax ID# ON file

Signature: [Signature]
Date signed: 10/3/13

No. 201205706J

6

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD(REN)

313TH DISTRICT COURT

ORDER

The Court, having appointed Gary Polun,
TB# 1659582, 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				\$75	\$150	
Trial	1	10/9/13		\$100	\$300	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	10/1/13	2.5	\$30 to \$50		\$500	125
Expert Testimony				\$200	\$800	
Investigation					\$600	

Appeals - Fixed Rate of \$500-\$2,500	Amount
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Total	Total 425
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PERSONAL INFORMATION

Name: Gary Polun
 Social Security Number NON FILE Telephone Number 71621-6335 Bar Number 609580
 or Tax ID Number
 Mailing Address 2211 North Kirk #920, Houston TX 77098

CERTIFICATION

I, Gary Polun, 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

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

TO: Harris County Auditors Office

FROM: 313 District Court
Harris County, Texas

STYLE _____ CAUSE NO: 2012-08706

DATES OF ACTIVITY	TYPE OF ACTIVITY	NUMBER HOURS
10/1/13	Review file + trial preparation	2.5
TOTAL OUT OF COURT HOURS		<u>2.5</u>

Attorney: Gary POUAM
Tax ID#

Signature: [Signature]
Date signed: 10/9/13

**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.

50/1 P.2
Apalf (02)

Court No. 246	Party or Child's Name	Case Number(s) 2005-54248
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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	<p style="text-align: center;">FILED Chris Daniel District Clerk NOV 14 2013</p>		\$125.00	\$225.00		
	Trial (per day) Contested on the merits			\$300.00	\$500.00		
	Out of Court (per hour) (see attached form)		Time: _____	\$75.00	\$150.00		
TDFPS	Non-Trial (per day) <input type="checkbox"/> emergency <input type="checkbox"/> full adversarial <input checked="" type="checkbox"/> permanency <input type="checkbox"/> status <input type="checkbox"/> placement review <input type="checkbox"/> entry (upon appearance)	By _____	11/14/13	1	\$125.00	\$225.00	225
	Trial (per day) Contested on the merits			\$300.00	\$500.00		
	Out of Court (per hour) (see attached form)	12/1/13	2.5	\$75.00	\$100.00	250	
	APPEALS				*****	\$3,000.00	
TRIALS MORE THAN 5 DAYS				*****	\$2,500.00		
				TOTAL		475	

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 #920, Houston TX 77098		

CERTIFICATION

I, Gary Polcany, 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 11/14, 2013 _____ Attorney at Law (Signature)

APPROVED FOR PAYMENT:
11/14/13 Date 246 Court _____ Presiding Judge

AUDITOR

