

Alicia Franklin - Billing for CPS Work - March 20, 2013

Court	Cause#	Voucher Date	Voucher #	Work Date	Type of Work	Out of Court Hours	No. of Court Appearances at a Billed Flat Rate
311th	2002-12183	3/20/2013		03/20/13	CPS - Trial		1
311th	2002-12183	3/20/2013		03/20/13	Out of Court	0.25	
311th	2002-12183	3/20/2013		03/20/13	Out of Court	0.25	
311th	2002-12183	3/20/2013		03/20/13	Out of Court	0.25	
311th	2012-01304	3/20/2013		03/20/13	CPS - Court - Nontrial		1
311th	2012-01304	3/20/2013		03/20/13	Out of Court	0.25	
311th	2012-01304	3/20/2013		03/20/13	Out of Court	0.25	
311th	2007-34862	3/20/2013		03/20/13	CPS - Court - Nontrial		1
311th	2007-34862	3/20/2013		03/20/13	Out of Court	0.25	
311th	2007-34862	3/20/2013		03/20/13	Out of Court	0.25	
314th	2012-01221J	3/22/2013	284636	03/20/13	Out of Court	1.00	
314th	2012-01221J	3/22/2013	284636	03/20/13	Out of Court	0.50	
314th	2012-01221J	3/22/2013	284636	03/20/13	Out of Court	0.25	
314th	2012-01221J	3/22/2013	284636	03/20/13	Out of Court	1.00	
314th	2012-02471J	3/21/2013	284641	03/20/13	Out of Court	0.25	
314th	2012-02471J	3/21/2013	284641	03/20/13	Out of Court	0.50	
314th	2012-02471J	3/21/2013	284641	03/20/13	Out of Court	1.00	
314th	2012-02471J	3/21/2013	284641	03/20/13	Out of Court	0.50	
	2013-01581J	3/21/2013	284642	03/20/13	Out of Court	1.00	
314th	2013-01581J	3/21/2013	284642	03/20/13	Out of Court	1.00	
314th	2013-01581J	3/21/2013	284642	03/20/13	Out of Court	1.00	
314th	2013-01581J	3/21/2013	284642	03/20/13	Out of Court	1.00	
314th	2013-01581J	3/21/2013	284642	03/20/13	Out of Court	0.50	
313th	2012-01800J		284637	03/20/13	CPS - Court - Nontrial		1
313th	2012-01800J		284637	03/20/13	Out of Court	1.00	
313th	2012-01800J		284637	03/20/13	Out of Court	0.25	
313th	2012-01800J		284637	03/20/13	Out of Court	0.25	
313th	2012-01800J		284637	03/20/13	Out of Court	0.25	
313th	2011-07535J		284638	03/20/13	CPS - Court - Nontrial		1
313th	2011-07535J		284638	03/20/13	Out of Court	0.25	
313th	2012-01724J		284640	03/20/13	Out of Court	0.25	
314th	2013-00744J	3/28/2013	284657	03/20/13	Out of Court	0.25	
314th	2013-00744J	3/28/2013	284657	03/20/13	Out of Court	1.00	
314th	2013-00744J	4/4/2013		03/20/13	Out of Court	3.00	
314th	2011-06807J	4/8/2013	285676	03/20/13	Out of Court	0.25	
313th	2012-05640J			03/20/13	Out of Court	0.50	
313th	2012-05640J			03/20/13	Out of Court	2.00	
313th	2012-02472J	4/9/2013		03/20/13	Out of Court	1.00	
313th	2012-02472J	4/9/2013		03/20/13	Out of Court	0.25	
313th	2012-02472J	4/9/2013		03/20/13	Out of Court	1.00	
310th		4/9/2013		03/20/13	Out of Court	0.25	
314th	2012-04865J	5/6/2013	272837	03/20/13	Out of Court	0.25	
313th	2012-04981J		272843	03/20/13	Out of Court	0.25	
310th	2007-77055	6/11/2013		03/20/13	Out of Court	0.25	

Alicia Franklin - Billing for CPS Work - March 20, 2013

Court	Cause#	Voucher Date	Voucher #	Work Date	Type of Work	Out of Court Hours	No. of Court Appearances at a Billed Flat Rate
311th	2009-23300	5/31/2013		03/20/13	Out of Court	0.25	
314th	2012-04827J	5/28/2013	272854	03/20/13	Out of Court	0.25	
310th	2011-54649	7/9/2013		03/20/13	Out of Court	0.25	
314th	2012-03856J	6/11/2013	272856	03/20/13	Out of Court	0.25	
314th	2012-03856J	6/11/2013	272856	03/20/13	Out of Court	0.50	
314th	2012-03856J	6/11/2013	272856	03/20/13	Out of Court	1.00	
314th	2012-03856J	6/11/2013	272856	03/20/13	Out of Court	0.50	
313th	2007-06443J		272562	03/20/13	Out of Court	0.25	
313th	2007-06443J		272562	03/20/13	Out of Court	0.25	
314th	2012-06876J	07/23/13	272804	03/20/13	Out of Court	0.25	
310th	2004-04992J	12/02/13		03/20/13	Out of Court	0.25	
310th	2012-15935	10/21/13		03/20/13	Out of Court	0.50	
310th	2012-15935	10/21/13		03/20/13	Out of Court	0.25	

CPS Hours Billed **CPS Court Apperances**

TOTALS	28.50	5
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Notes: Attorney Ad Litem in Harris County CPS cases are paid a flat rate per in-court appearance (trials are paid at a higher rate) and are paid hourly for out of court work.

In addition to the above billing paid by Harris County on CPS cases, Franklin billed on the Cramblet child custody case (No. 2002-23498) for her work as an amicus attorney on March 20, 2013, a total of 3.75 hours.

Amicus Hours	3.75
Total Hours Billed	32.25

ALICIA FRANKLIN

Cramblet Amicus Case

Bill Number: 1715

Date due: 5/03/2013

STATEMENT

CASE SUMMARY FOR Amicus		Payment	Balance
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Date	Description	Payment	Balance
3/31/13	Transfer from trust account		\$500.00

Total payments: \$500.00

Date	Description	Amount	Balance
3/01/13	Communication.	AD \$50.00 /hr. 0.25 hr = \$12.50	
3/05/13	Communication.	AD \$50.00 /hr. 0.25 hr = \$12.50	
3/06/13	Communication.	AD \$50.00 /hr. 0.25 hr	12.50
3/06/13	Communication.	AD \$50.00 /hr. 0.25 hr = \$12.50	
3/06/13	Communication.	akf \$300.00 /hr. 0.25 hr	75.00
3/06/13	Communications.	akf \$300.00 /hr. 1.25 hrs	375.00
3/06/13	Communication.	akf \$300.00 /hr. 0.25 hr = \$75.00	

Printed: 4/07/13

Page: 1 of 3

3/08/13	Communications. Reviewed pleading. Made revisions.	0.75 hr	225.00
	akf \$300.00 /hr.		
3/08/13	Communications.	0.5 hr = \$150.00	
	akf \$300.00 /hr.		
3/12/13	Communication.	0.25 hr	75.00
	akf \$300.00 /hr.		
3/14/13	Communications.	1 hr	300.00
	akf \$300.00 /hr.		
3/15/13	Communications.	0.75 hr	225.00
	akf \$300.00 /hr.		
3/16/13	Communication.	0.25 hr	75.00
	akf \$300.00 /hr.		
3/17/13	Draft Report.	0.25 hr	75.00
	akf \$300.00 /hr.		
3/19/13	Communications.	0.5 hr	150.00
	akf \$300.00 /hr.		
3/20/13	Communications.	0.75 hr	225.00
	akf \$300.00 /hr.		
3/20/13	Meeting with girls.	3 hrs	900.00
	akf \$300.00 /hr.		
3/25/13	Communications.	0.25 hr	75.00
	akf \$300.00 /hr.		
3/26/13	Communication.	0.25 hr	12.50
	AD \$50.00 /hr.		
3/27/13	Communication.	0.25 hr	12.50
	AD \$50.00 /hr.		
3/27/13	Communications. Draft Rule 11.	0.75 hr	225.00
	akf \$300.00 /hr.		
3/28/13	Communications.	0.5 hr = \$25.00	
	AD \$50.00 /hr.		

Total charges:	\$3,037.50
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CASE SUMMARY	
Previous balance:	\$0.00
Total charges:	\$3,037.50
Total payments:	\$0.00
TOTAL DUE TO DATE:	\$3,037.50
You have payments due as of 4/10/13. Please pay.	

TRUST ACCOUNT

Previous balance: \$0.00

Trust Deposits	
Date	Description
3/20/13	Trust Deposit. Thank You! Tim
	\$500.00

Trust Withdrawals	
Date	Description
3/31/13	Trust Transfer
	\$500.00

Trust Balance: \$0.00


14-1

(01) PZ
A.34F.

<small>Harris County Auditor's Form 40-2 (REV. 01/12)</small> 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. 311th	Portion of Child's Name _____	Case Number(s) 2002-12183				
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 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	3/20/13	1.0	\$300.00	\$500.00	\$500.00
	Out of Court (per hour) (see attached form)	Please see attached	9.00	\$75.00	\$100.00	\$950.00
APPEALS				*****	\$3,000.00	
TRIALS MORE THAN 5 DAYS				*****	\$2,500.00	
				TOTAL	1450.00	
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						
PLEASE PROVIDE THE FOLLOWING INFORMATION:						
Social Security Number (last 4 digits) XXX-XX		Telephone Number () 405 Main St., Suite 401		Bar Card Number		
Mailing Address: (Number, Street, Suite, City, State, Zip Code) Houston, TX 77002 Phone: (713) 223-0754 SBN: 24040930 SSN: XXX-XX-						
CERTIFICATION I, <u>Alicia K. Franklin</u> , 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 <u>MARCH 20</u> , 2013.				_____ Attorney at Law (Signature)		
APPROVED FOR PAYMENT: <u>3-20-13</u> Date <u>3/11</u> Court _____ _____ Presiding Judge						

AUDITOR

FAMILY DISTRICT COURTS		
Court Number	Case Number	Party or Child's Name
31/45	202-1283	

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5-20-13

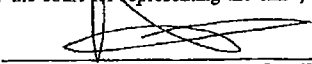
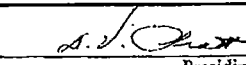
34573

Judge, President

Alicia K. Franklin
TRN: 24040930 Attorney at Law (Signature)
Attorney Name (print legibly)

AUDITOR

P2

County Auditor's Form 40-2 Harris County, Texas (REV. 05/13)		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. <u>311th</u>	Party or Child's Name _____	Case Number(s) <u>2012-01304</u>					
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 type="checkbox"/> status <input type="checkbox"/> placement review <input checked="" type="checkbox"/> entry (upon appearance)	3/20/13	1.0	\$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)	Please see attached	2.50	\$75.00	\$100.00	\$ 250.00	
APPEALS				*****	\$3,000.00		
TRIALS MORE THAN 5 DAYS				*****	\$2,500.00		
				TOTAL		<u>475.00</u>	
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							
Social Security Number (last 4 digits) XXX-XX		Telephone Number () _____		Bar Card Number _____			
Mailing Address: (Number, Street, Suite, City, State, Zip Code)		Alicia K. Franklin 405 Main St. Suite 401 Houston, TX 77002 Phone: (713) 223-0754 SBN: 24040930 SSN: XXX-XX-XXXX					
CERTIFICATION I, <u>Alicia K. Franklin</u> , <u>standing in for Doug York</u> , 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. Srske cause: 2007-34862							
		 Attorney at Law (Signature)					
Date Submitted for Payment <u>March 20</u> , 20 <u>13</u> .							
APPROVED FOR PAYMENT: <u>3-20-13</u> Date <u>3/1</u> Court _____ <div style="text-align: right;">  Presiding Judge </div>							

AUDITOR

P-2

County Auditor's Form 40.2
Harris County, Texas (REV. 05/12)

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. <u>311th</u>	Par <u>1</u>	Case Number(s) <u>2007 - 34862</u>				
INDIVIDUAL CASE APPOINTMENT		Court Date(s)	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 type="checkbox"/> status <input type="checkbox"/> placement review			\$125.00	\$225.00	
	Entry (upon appearance)	<u>3/20/13</u>	<u>1.0</u>			<u>\$ 225.00</u>
	Trial (per day) Contested on the merits		<u>2.0</u>	\$300.00	\$500.00	
	Out of Court (per hour) (see attached form)	<u>Please see attached</u>	<u>2.0</u>	\$75.00	\$100.00	<u>\$ 625.00</u>
APPEALS				*****	\$3,000.00	
TRIALS MORE THAN 5 DAYS				*****	\$2,500.00	
				TOTAL		<u>850.00</u>

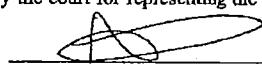
ALL VOUCHERS MUST BE SUBMITTED FOR COURT APPROVAL IMMEDIATELY FOLLOWING THE HEARING FOR WHICH THE COURT TIMES OR OUT OF COURT HOURS ARE BEING REQUESTED

Social Security Number (last 4 digits) XXX-XX	Telephone Number () 405 Main St., Suite 401 Houston, TX 77002 Phone: (713) 223-0754 SBN: 24040830 SSN: XXX-XX	Bar Card Number
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CERTIFICATION

I, Alicia K. Franklin, 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.

Sister cause: 2012-01304


 Attorney at Law (Signature)

Date Submitted for Payment MARCH 20, 2013.


APPROVED FOR PAYMENT:
3-20-13 Date 311 Court

 Presiding Judge

AUDITOR


OUT OF COURT HOUSE LOG - FAMILY DISTRICT COURTS

DATE	TIME	ACTIVITY	AMOUNT PER HOUR/DAY
3/5/13	3.0	meeting w/ Father	
3/6/13	1.0	Research SAFE programs in Kalene, TX, comm w/ SAFE rep from Houston	
3/14/13	2.25	comm w/ court	
3/18/13	2.25	Receive order + printed	
3/18/13	1.0	Review order	
3/18/13	2.25	Comm w/ passenger	
3/18/13	2.25	comm w/ court	
3/20/13	2.25	comm execute order	
3/20/13	2.25	email monthly info on SAFE in Kileen, TX.	
3/20/13	2.25	Comm w/ Matthew Timmons @ SAFE in Houston re cases in Kileen	
3/19/13	2.25	Research SAFE in Kileen, calls, etc	85.00
TOTAL HOURS SUBMITTED		7.0	TOTAL AMOUNT APPROVED

Sister cause: 2012-01304

Approved:  Judge, Presiding

3-20-13 3:37P-B

 Alicia K. Frank
Attorney at Law (Signature)
3-20-13 4:40P-30 Attorney Name (print legibly)

VOUCHER #X-2 X 284636

No. 2012-012215

App 4
751

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD (REN)

314TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin *attending in for Doug York* 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	3/20/13	1.0		\$100	\$300	700
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	Please see attached	10.0	\$30 to \$50		\$500	500
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 700

PERSONAL INFORMATION

Name:	Alicia K. Franklin 405 Main St. Suite 401 Houston, TX 77002		
Social Security Number or Tax ID Number	Telephone Number	Bar Number Phone: (713) 223-0754	
Mailing address	SSN: 24040830 SSN: XXX-XX-XXXX		

CERTIFICATION

I, Alicia K. Franklin, *attending in for Doug York* attorney at law, do hereby affirm to the Court that I have not received nor will I receive any other money or anything else of value in this 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.

Attorney

Signed this 22 day of Mar, 2013.John Phillips
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 COURT

Court Number	Case Number	Party or Child's Name
3/19/11	2012-012215	

[illegible]

Approved

Judge Presiding

Attorney at Law
Alicia K. Franklin
TBN: 24040930

VOUCHER #X-2 X 284641

No. 2012-03471Appt
341/2

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD (REN)

314 TH DISTRICT COURT

ORDER

9L

standing in for Douglas York

The Court, having appointed Alicia K. Franklin hereinafter referred to as the "Appointee," as the attorney/guardian ad litem to represent the interests of 24040930 in the above referenced cause of action, finds that at this time 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	1.0	3/21/13		\$100	\$300	700
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	Please see attached	7.0	\$30 to \$50		\$500	350
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 550

PERSONAL INFORMATION

Name:	<u>Alicia K. Franklin</u>		
Social Security Number or Tax ID Number	Telephone Number	405 Main St., Suite 401 Bar Number Houston, TX 77002 Phone: (713) 223-0754 SBN: 24040930 SSN: XXX-XX-XXXX	
Mailing address			

CERTIFICATION

I, Alicia K. Franklin, standing in for Douglas York, 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 this 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.

Attorney

Signed this 12 day of Mar, 2013.

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 COURT

Court Number	Case Number	Party or Child's Name
314th	2012-024715	

Date	Time	Activity	Amount
			Approved by the Court District Clerk
11/31/13	1.0	Receive Child Advocate Report, printed, + reviewed	MAR 22 2013
1/31/13	1.0	Receive prem report, print, + reviewed	
2/27/13	1.0	Research whereabouts of dad	Time: Home County, Texas
2/27/13	.25	comm w/ CRS	By: Deputy
3/1/13	.50	Draft letter to client + prepare to mail	
3/1/13	.25	post office run	
3/20/13	.25	comm w/ COURT	
3/20/13	.50	comm w/ CRS	
3/20/13	1.0	prepare for trial	
3/20/13	.50	Research whereabouts of dad	
3/21/13	.25	comm w/ COURT	
3/21/13	.25	comm w/ CO. atty	
3/21/13	.25	comm w/ CRS	
Total Hours Submitted		Total Amount Approved	
7.0			

Approved

Judge Presiding

Attorney at Law
 Alicia K. Franklin
 TBN: 24040930

VOUCHER #X-2 X 284642

No. 2013-01581J

Agg
8-1-12

IN RE;

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD(REN)

3/4 TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin hereinafter as the "Appointee," as the attorney/guardian ad litem to represent the interests of _____ in the above referenced cause of action, finds that at this time 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 1	3/21/13		\$75	\$150	175
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	3/21/13	5.0	\$30 to \$50		\$500	750
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 375

PERSONAL INFORMATION

Name:	Alicia K. Franklin		
Social Security Number or Tax ID Number	Telephone Number	405 Main St., Suite 401 Houston, TX 77002 Phone: (713) 223-0754 SBN: 24040830 SSN: XXX-XX-XXXX	
Mailing address			

CERTIFICATION

I, Alicia K. Franklin 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 this 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.

Attorney

Signed this

21

day of

Mar

20 13.

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

Court Number	Case Number	Party or Child's Name
3/14/14	2013-01581J	

FILED
Chris Daniel
District Clerk
MAR 21 2013

Attorney at Law
Alicia K. Fränklin
TBN: 24040930

VOUCHER #X-2 284637

No. 2012-01800J

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD(REN)

313TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin *standing in for Doug York* 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	1.0	3/20/13		\$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	Please see attached	3.25	\$30 to \$50		\$500	160
Expert Testimony				\$200	\$800	
Investigation					\$500	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						310

PERSONAL INFORMATION

Name:	Alicia K. Franklin 405 Main St. Suite 401 Houston, TX 77002		
Social Security Number or Tax ID Number	Telephone Number	Bar Number	
	Phone: (713) 223-0754		
Mailing address	SSN: 24040830 SSN: XXX-XX-XXXX		

CERTIFICATION

I, Alicia K. Franklin, 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 this 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 March, 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

Court Number	Case Number	Party or Child's Name
3/3th	2012-01800J	

Approved

Judge Presiding

Attorney at Law
Alicia K. Franklin
TBN: 24040930

VOUCHER # X-2 X 284638

No. 2041-07535J

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD (REN)

313 TH DISTRICT COURT

ORDER

The Court having appointed Alicia K. Franklin as the attorney/guardian ad litem to represent the interests of 24078938, hereinafter referred to as the above referenced cause of action, finds that at this time the parents of said child 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	10	3/20/13		\$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	Please see attached	6.25	\$30 to \$50		\$500	310
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						460

PERSONAL INFORMATION

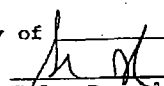
Name:	Alicia K. Franklin		
Social Security Number or Tax ID Number	Telephone Number	486 Main St., Suite 404 Houston, TX 77002 Bar Number Phone: (713) 223-0754	
Mailing address	SBN: 24040930 SSN: XXX-XX-XXXX		

CERTIFICATION

I, Alicia K. Franklin 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 this 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.


Attorney

Signed this _____ day of _____, 20____.


Judge Presiding

LEGAL DEPT. APPROVAL DATE: _____
VENDOR NO: _____
AMOUNT: _____
ACCOUNT NO: 1000-100-26-6223

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 HOURS LOG - FAMILY DISTRICT COURT

Court Number	Case Number	Party or Child's Name
3/3	2011-07535J	

Date	Time	Activity	Amount Approved by the Court
12/5/12	1.0	comm w/ client mtr to agreement, comm w/ CRS, comm w/ co. attny	
12/6/12	1.0	reviewed decree	
1/9/13	.50	comm w/ caregivers	
1/10/13	.25	comm w/ crim attny	
1/10/13	.25	comm w/ co. attny	
1/11/13	.50	comm w/ crim attny	
1/30/13	.25	receive fax + printed	
1/31/13	.25	comm w/ court	
2/5/13	.25	comm w/ co. attny	
2/12/13	.25	comm w/ client	
2/14/13	.25	comm w/ CRS	
2/15/13	.25	comm w/ co. attny	
3/14/13	1.0	prepare for hearing	
3/20/13	.25	comm w/ co. attny	
Total Hours Submitted		Total Amount Approved	
16.25			

Approved _____

Judge Presiding _____

Attorney at Law
 Alicia K. Franklin
 TBN: 24040930

No. 2012-017245

IN RE: _____

IN THE DISTRICT COURT OF

MAR 26 2013

HARRIS COUNTY, TEXAS

CHILD (REN)

3/3 TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin as the attorney/guardian ad litem to represent the interests of the above referenced cause of action, finds that at this time and that following fee to be paid to the Appointee is in accordance with Section 107.013 (a), 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	1.0	3/26/13		\$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	Plense see attached	3.25	\$30 to \$50		\$500	160
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 360

PERSONAL INFORMATION

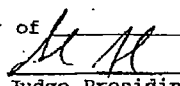
Name:	Alicia K. Franklin		
Social Security Number or Tax ID Number	Telephone Number	405 Main St., Suite 401 Houston, TX 77002 Bar Number Phone: (713) 223-0754	
Mailing address	SBN: 24040930 SSN: XXX-XX-XXXX		

CERTIFICATION

I, Alicia K. Franklin, 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 this 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.


 Attorney

Signed this _____ day of _____, 20____.


 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 COURT

Court Number	Case Number	Party or Child's Name
313th	2012-01724J	

[illegible]

Approved

Judge Presiding

Attorney at Law
Alicia K. Franklin
TBN: 24040930

VOUCHER # X-2 X 284657

No. 20132013 - 00744JApp'd
10-1-92

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD(REN)

314TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin as the attorney/guardian ad litem to represent the interests of 24040930 in the above referenced cause of action, finds that at this time [] 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	1.0	3/28/13		\$75	\$150	175
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	Please see attached	10.0	\$30 to \$50		\$500	500
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 1075

PERSONAL INFORMATION

Name:	Alicia K. Franklin		
Social Security Number or Tax ID Number	Telephone Number	405 Main St., Suite 401 Houston, TX 77002 Bar Number Phone: (713) 223-0754	
Mailing address	SBN: 24040930 SSN: XXX-XX-XXXX		

CERTIFICATION

I, Alicia K. Franklin, 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 this 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.

Attorney

Signed this 28 day of Mar, 2013.

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

Court Number	Case Number	Party or Child's Name
3/4th	2012-00744J	



Judge Presiding

Attorney at Law
Alicia K. Franklin
TBN: 24040930

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD(REN)

319 TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin as the attorney/guardian ad litem to represent the interests of KINDS 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:

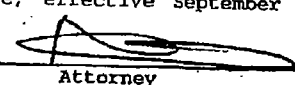
In Court Appearance	Number of Days in Court	Dates in Court	Fixed Rate	Minimum	Maximum	Amount
Non-trial	10	4/4/13		\$75	\$150	175
Trial				\$100	\$300	
For trial of 5 days or more			Up to \$2,500			
Out of Court Time and Expenses [Expenses must have prior court approval and be documented.]	Dates of out of court work	Number of Hours/10 Hours Maximum	Hourly Rate	Minimum	Maximum	Amount
Out of Court Hours	Please see attached	9.50	\$30 to \$50		\$500	475
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 600

PERSONAL INFORMATION

Name:	Alicia K. Franklin		
Social Security Number or Tax ID Number:	Telephone Number	405 Main St., Suite 401 Houston, TX 77002	
Mailing address:	Phone: (713) 223-0704 SBN: 24040830 SSN: XXX-XX-XXXX		

CERTIFICATION

I, Alicia K. Franklin 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 this 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.


Attorney

Signed this 4 day of Apr, 2013.

Judge Presiding

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

314th 2013-00744J

[illegible]

Approved

Judge Presiding

Attorney at Law

Alicia K. Franklin
TBN: 24040930

VOUCHER # X-2 X 285676

No. 2011-068077APR 17
401/52

IN RE:

IN THE DISTRICT COURT OF

HARRIS COUNTY, TEXAS

CHILD (REN)

314 TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin as the attorney/guardian ad litem to represent the interests of 24040930 in the above referenced cause of action, finds that at this time the fee schedule in the Code 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	1.0	April 4, 2013		\$75	\$150	175
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	Plus see attached	5.0	\$30 to \$50		\$500	750
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 375

PERSONAL INFORMATION

Name:	Alicia K. Franklin		
Social Security Number or Tax ID Number	Telephone Number	405 Main St, Suite 401 Houston, TX 77002 Phone: (713) 222-0764 SBN: 24040930 SSN: XXX-XX-XXXX	
Mailing address			

CERTIFICATION

I, Alicia K. Franklin, 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 this 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.

Attorney

Signed this 8 day of Apr, 2013.

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

Court Number	Case Number	Party or Child's Name
314	2011-06807J	

Judge Presiding

Attorney at Law
Alicia K. Franklin
TBN: 24040930

No. 2012-05640J

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD(REN)

313 TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin TB# 24040930, hereinafter referred to as the "Appointee", the attorney/guardian ad litem to represent the interests of 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	1.0	4/9/13		\$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	Please see attached	10.0	\$30 to \$50		\$500	500
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 650

PERSONAL INFORMATION

Name: <u>Alicia K. Franklin</u>		
<u>405 Main St., Suite 401</u>		
Social Security Number or Tax ID Number	Telephone Number	Bar Number
	<u>Houston, TX 77002</u>	
Phone: <u>(713) 223-0754</u>		
SBN: <u>24040930</u>		
Mailing address		
SSN: <u>XXX-XX-XXXX</u>		

CERTIFICATION

I, Alicia K. Franklin 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 this 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: _____

3/3th	2012-05640J
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2012-05640J

Total Hours Submitted

10.0

Total Amount Approved



Judge Presiding

Attorney at Law

Attorney at Law
Alicia K. Franklin
TBN: 24040930

TBN: 24040930

HARRIS COUNTY, TEXAS

CHILD(REN)

313 TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin - standing in for Douglas York as the attorney/guardian ad litem to represent the interests of 34040930 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	1.0	4/9/13		\$100	\$300	700
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	Please see attached	10.0	\$30 to \$50		\$500	500
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 800

PERSONAL INFORMATION

Name:	Alicia K. Franklin 405 Main St., Suite 401 Houston, TX 77002 Bar Number Phone: (713) 223-0754 SBN: 24040930 SSN: XXX-XX-XXXX		
Social Security Number or Tax ID Number	Telephone Number		
Mailing address			

CERTIFICATION

I, Alicia K. Franklin - standing in for Douglas York, 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 this 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.


 Attorney

Signed this 9th day of April, 2013.

Mr. H
Judge Presiding.

LEGAL DEPT. APPROVAL DATE: _____

VENDOR NO: _____

AMOUNT: _____

ACCOUNT NO: 1000-100-26-6223

APPROVED BY: _____

CLERICAL ACCURACY: _____

PROCESS DATE: _____

PAYMENT APPROVAL: _____

3/3th	2012-02472 J	
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3/20/13	1.0	comm w/ caregiver. mapquest + prepare for visit
3/20/13	.25	comm w/ CPS
3/20/13	1.0	*background on mom + dad, ^{current} caregivers,

Judge Presiding

Attorney at Law
Alicia K. Franklin
TBN: 24040930

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	
TDEFS	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	April 9, 2013	1.0	\$300.00	\$500.00	500.00
	Out of Court (per hour) (see attached form)	Please see attached	12.0	\$75.00	\$100.00	1200.00
APPEALS				*****	\$3,000.00	
TRIALS MORE THAN 5 DAYS				*****	\$2,500.00	
					TOTAL	1700.00

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

Social Security Number (last 4 digits) XXX-XX	Telephone Number () Alicia K. Franklin 405 Main St., Suite 401 Houston, TX 77002 Phone: (713) 223-0754 SBN: 24040930 SSN: XXX-XX	Bar Card Number
Mailing Address: (Number, Street, Suite, City, State, Zip Code)		

I, Alicia K. Franklin, 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 April 9, 2013.

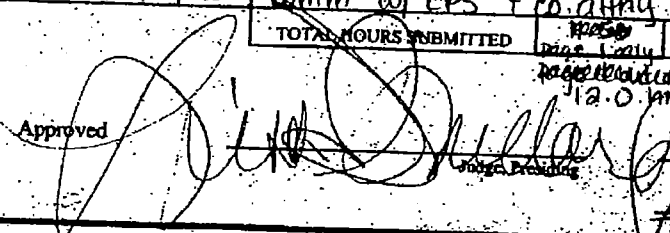

APPROVED FOR PAYMENT:

4/9/13 Date 310 Court

Attorney at Law (Signature)

Presiding Judge

AUDITOR

			COURT
12/11/12	1.0	Comm w/ co. atty. Comm w/ CPS	
12/14/12	.25	Comm w/ CPS	
12/26/12	.25	Comm w/ caregiver	
12/26/12	.25	Comm w/ CPS	
1/2/13	.25	Receive fax + printed	
1/8/13	.25	Reviewed Answer	
1/3/13	.25	Comm w/ CPS	
1/11/13	.50	Comm w/ clients	
1/14/13	.25	Comm w/ CPS	
1/28/13	.25	Comm w/ CPS	
2/1/13	.25	Comm w/ NSC	
2/19/13	.25	Comm w/ caregiver	
3/13/13	.25	Receive Report + printed	
3/13/13	1.0	Review perm Report	
3/20/13	.25	Receive fax + printed	
4/2/13	.25	Comm w/ mom	
4/4/13	.25	Comm w/ caregiver	
4/4/13	3.0	Home visit	
4/8/13	.50	Draft Statement of Compliance	
4/8/13	1.0	obtain certified copy of criminal charge, Comm w/ co. atty, Comm w/ CPS	
4/8/13	1.0	prepare for trial	
4/9/13	.50	Comm w/ CPS + co. atty	
TOTAL HOURS SUBMITTED		12.0 hrs	TOTAL AMOUNT APPROVED: 1200.00
Approved: 		Attorney at Law (Signature): 	
Judge Presiding		Attorney Name (print legibly): Alicia K. Franklin	
AUDITOR		TBD: 24040930	

VOUCHER #X-2 X 272837

No. 2012-04865J

Appar
73-6

IN RE-

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD (REN)

314TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin *standing in for David York* as the attorney/guardian ad litem to represent the interests of the child in the above referenced cause of action, finds that at this time 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	Please see attached	10.0	\$30 to \$50		\$500	500
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 500

PERSONAL INFORMATION

The Law Offices of Alicia K. Franklin, P.C.
 Name: Alicia K. Franklin
 Social Security Number _____ Telephone Number 405 Main, Suite 401 Bar Number _____
 or Tax ID Number Houston, Texas 77002
 Mailing address Phone: (713) 223-0754
 SB# 21640020

CERTIFICATION

I, Alicia K. Franklin, 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 this 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.

Attorney

Signed this 6 day of May, 2013Judge Frederick

LEGAL DEPT. APPROVAL DATE: _____
 VENDOR NO: _____
 AMOUNT: _____
 ACCOUNT NO: 1000-100-26-6223

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

Court Number	Case Number	Party or Child's Name
3/14/04	2012-01865J	

FILED
Chris Daniel
District Clerk
MAY 08 2013

Attorney at Law
Alicia K. Franklin
TBN: 24040930

VOUCHER # X-2 X 272843

No. 2012-049815

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD(REN)

313TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin standing in for Doug York as the attorney/guardian ad litem to represent the interests of the above referenced cause of action, finds that at this time the 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	1.0	5/16/13		\$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	Please see attached	6.25	\$30 to \$50		\$500	310
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 460

PERSONAL INFORMATION

The Law Offices of Alicia K. Franklin, P.C.
Alicia K. Franklin

Name: 405 Main, Suite 401 Bar Number
Houston, Texas 77002
Social Security Number Telephone Number Phone: (713) 223-0754
or Tax ID Number SSN: 24040930
Mailing address

CERTIFICATION

I, Alicia K. Franklin, 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 this 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.

Attorney

Signed this _____ day of _____, 20____.

Judge Presiding

LEGAL DEPT. APPROVAL DATE: _____
VENDOR NO: _____
AMOUNT: _____
ACCOUNT NO: 1000-100-26-6223

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 HOURS LOG - FAMILY DISTRICT COURT


Court Number	Case Number	Party or Child's Name
3/3th	2012-049815	

Date	Time	Activity	Amount Approved by the Court
8/18/13	.85	comm w/ CPS	
8/20/13	.85	comm w/ client	
9/19/13	1.0	Draft letter to dad + prepare to send regular mail + check, comm w/ court	
3/20/13	.85	comm w/ CPS	
3/21/13	.85	post memo office run	
3/24/13	.50	comm w/ CPS	
4/9/13	.85	comm w/ CPS	
4/22/13	.85	comm w/ dad	
5/6/13	1.0	Review Report	
5/13/13	1.0	prepare hearing	
5/13/13	.85	comm w/ Co. Atty	
5/14/13	.85	comm w/ CPS	
5/16/13	.85	comm w/ CPS	
5/16/13	.85	comm w/ Co. Atty	
5/16/13	.85	comm w/ client	
Total Hours Submitted		Total Amount Approved	
6.25			

Approved

Judge Presiding

Attorney at Law
Alicia K. Franklin
TBN: 24040930

<small>County Auditor's Form 40-2 Harris County, Texas (REV. 06-03)</small> ATTORNEY FEES EXPENSE CLAIM DISTRICT COURTS-COURT APPEARANCE TEX. FAM. CODE §§ 107.015 & 157.164		INSTRUCTIONS Before payment can be authorized, each item must be completed legibly in ink. Forward completed claim to the presiding judge for approval.	
Court No. <u>3/10/13</u>	Party or Child's Name		Case Number(s) <u>2007-77055</u>
INDIVIDUAL CASE APPOINTMENT		Dates in Court	Number of Court days/hours
CONTEMPT/ ENFORCEMENT	Non-Trial per day	<u>5/20/13</u>	1.0
	Trial per day	<u>5/20/13</u>	<u>1.0</u>
	Out of Court per hour*	<u>Please see attached</u>	<u>5.035</u>
TDFPS/SAPCR	Non-Trial per day		
	Trial per day		
	Out of Court per hour*		
APPEALS			
TRIALS MORE THAN 5 DAYS			
		*****	\$3,000.00
		*****	\$2,500.00
		TOTAL <u>650.00</u>	
*Maximum of 5 hours for contempt/enforcement. Attach statement of Out-of-Court hours to this form.			
PERSONAL INFORMATION			
Social Security Number (last 4 digits) XXX-XX	Telephone Number ()		Bar Card Number
Mailing Address (Number, Street, Suite, City, State, Zip Code) <div style="display: flex; justify-content: space-between;"> <div> Alicia K. Franklin 405 Main St, Suite 401 Houston, TX 77002 Phone: (713) 223-0754 SBN: 24040830 </div> <div style="background-color: black; width: 100px; height: 30px;"></div> </div>			
CERTIFICATION			
I, <u>Alicia K. Franklin</u> , 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 Article 107.015 and 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.			
 Attorney at Law (Signature)			
Date Submitted for Payment: <u>May 20</u> , 2013			
APPROVED FOR PAYMENT: <u>6/11/13</u> Date <u>310</u> Court <u>[Signature]</u> Presiding Judge			
AUDITOR			

Case Number				Case Name	Case Number	Case Date	Case Time	Case Amount
3/1/13				201				
DATE	TIME	ACTIVITY	AMOUNT	APPROVED BY COURT				
3/13/13	1.50	print out SSI records						
3/13/13	1.25	1.00 revenue w/ SSI administration. Draft Motion for continuance + order. E-Filed Motion + order.	350					
3/19/13	1.25	Draft letter to client on voucher	350					
3/19/13	1.25	comm w/ OAG						
3/20/13	1.25	Draft + sent fax to OAG						
3/20/13	1.25	post office run on voucher						
3/22/13	1.10	comm w/ SSI office, sent fax to SSI office, receive fax + permit	350					
4/1/13	1.25	receive comm						
4/16/13	1.25	comm w/ attorney general						
5/13/13	1.25	prepare exhibits for trial						
TOTAL HOURS SUBMITTED			3.5					
TOTAL AMOUNT APPROVED			350.00					

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

INSTRUCTIONS
 Before payment can be authorized, each item must be completed legibly in ink.
 Forward completed claim to the presiding judge for approval.

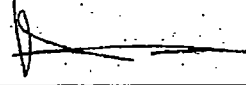
Court No. <u>311th</u>	Party or Child's Name <u>Christa Daniel Diaz/Clara Clark</u>	Case Number(s) <u>2009-23300</u>
INDIVIDUAL CASE APPOINTMENT		FILED Dated by Court Christa Daniel Diaz/Clara Clark
	Number of Court days/hours	Minimum Maximum Amount
CONTEMPT/ ENFORCEMENT	Non-Trial per day <u>MAY 28 2013</u>	\$125.00 \$225.00
	Trial per day <u>1</u>	\$300.00 \$400.00
	Out of Court per hour* <u>1</u>	\$75.00 \$150.00
TDFPS/SAPCR	Non-Trial per day <u>MAY 28, 2013</u> <u>MAY 30, 2013</u>	1.0 \$125.00 \$225.00 <u>\$225.00</u>
	Trial per day	\$300.00 \$400.00
	Out of Court per hour* <u>Please see attached</u>	13.50 \$75.00 \$100.00 <u>\$1,350.00</u>
APPEALS		***** \$3,000.00
TRIALS MORE THAN 5 DAYS		***** \$2,500.00
TOTAL		<u>1575.00</u>

*Maximum of 5 hours for contempt/enforcement. Attach statement of Out-of-Court hours to this form.

PERSONAL INFORMATION		
Social Security Number (last 4 digits) <u>XXX-XX</u>	Telephone Number <u>()</u>	Bar Card Number
Mailing Address (Number, Street, Suite, City, State, Zip Code) Alicia K. Franklin 405 Main St., Suite 401 Houston, TX 77002 Phone: (713) 223-0754 SBN: 24040930		

CERTIFICATION

I, Alicia K. Franklin, 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 Article 107.015 and 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.


 Attorney at Law (Signature)

Date Submitted for Payment May 8, 2013

APPROVED FOR PAYMENT:
5-31-13 Date 311 Court A. J. [Signature]
 Presiding Judge

AUDITOR

OUT OF COURT LOG - FAMILY DISTRICT COURTS

Court Name

Case No.

Case Name

3/1/13

2009-2

[REDACTED]

1/1/13

DATE	TIME	ACTIVITY	AMOUNT APPROVED BY COURT
3/8/13	1.0	pullout plan renewed	
3/8/13	1.0	exam backlogs	
3/8/13	.25	Receive court order	
3/8/13	.25	print out forms & fax to CPS	
3/11/13	.80	Draft Answer	
3/11/13	.25	Filed Answer w/ court	
3/12/13	.25	receive notice + print	
3/12/13	.25	Reviewed notice	
3/12/13	.25	receive comm + print	
3/22/13	1.25	comm w/ caregiver, comm w/ CPS, comm w/ witnesses, comm prepare map quest directions	1535.00
3/25/13	.25	comm w/ caregiver	
4/1/13	.25	comm w/ CPS	
4/1/13	3.0	home visit	
4/19/13	.25	Receive fax + print	
4/22/13	1.0	Review Status Report + print	
4/22/13	1.0	Review FSP plans + print	
5/6/13	.50	comm w/ CPS	
5/7/13	1.0	prepare for hearing	
5/8/13	.25	comm w/ caregiver	
5/6/13	.25	comm w/ CPS	
TOTAL HOURS SUBMITTED		13.50	TOTAL AMOUNT APPROVED

FILED

Chris Daniel
District Clerk

MAY 28 2013

Approved

5-31-13

[Signature]

3/31-13

Judge, Presiding

[Signature]

Attorney at Law (Signature)

[Signature]
SAR: 24046430

Attorney Name (print legibly)

AUDITOR

VOUCHER #X-2 X 272854

No. 2012-048275

APALR
241

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD (REN)

314 TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin standing in for Doug [unclear] as the attorney/guardian ad litem to represent the interests of [unclear] the above referenced cause of action, finds that at this time [unclear] 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	1.0	5/28/13		\$75	\$150	12.5
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	Please see attached	7.75	\$30 to \$50		\$500	387.50
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 512.50

PERSONAL INFORMATION

Name: Alicia K. Franklin
 Social Security Number or Tax ID Number: 406 MAIN, SUITE 401
 Telephone Number: Houston, Texas 77002 Bar Number: Phone: (713) 223-0754
 Mailing address: SBN: 24040930

CERTIFICATION

I, Alicia K. Franklin, 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 this 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.

Attorney

Signed this 28 day of May, 2013.

Judge Presiding

LEGAL DEPT. APPROVAL DATE: _____

VENDOR NO: _____

AMOUNT: _____

ACCOUNT NO: 1000-100-26-6223

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 HOURS LOG - FAMILY DISTRICT COURT

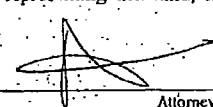
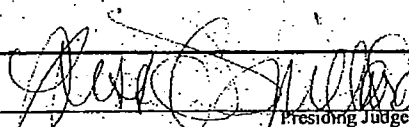
Court Number	Case Number	Party or Child's Name
314th	2012-04827J	

Date	Time	Activity	Amount Approved by the Court
2/21/13	1.0	Comm w/ CPS, Comm w/ mom, Comm w/ ad item, Comm w/ counsel	FILED
2/27/13	1.0	Research client's whereabouts	Chris Daniel District Clerk
3/12/13	.25	Comm w/ CPS	MAY 28 2013
3/20/13	.25	Comm w/ counsel	
4/10/13	1.0	Research client's whereabouts w/ Harris County, Voter's registration, etc	Time: _____ By: _____ County, Texas Deputy
5/8/13	1.0	Background checks on parties	
5/24/13	.25	Comm w/ counsel	
5/24/13	.50	Comm w/ CPS	
5/24/13	.80	Research client's whereabouts	
5/24/13	.50	Draft affidavit of due diligence	
5/24/13	1.0	prepare for hearing	
5/29/13	.25	Comm w/ ad item	
5/29/13	.25	Comm w/ court	
Total Hours Submitted		Total Amount Approved	
7.75			

Approved _____

Judge Presiding _____

Attorney at Law
Alicia K. Franklin Standing in for
 TBN: 24040930 Douglas York

County Auditor's Form 40-29 Harris County, Texas (Rev. 10-01)		INSTRUCTIONS Before payment can be authorized, each item must be completed legibly in ink. Forward completed claim to the presiding judge for approval.	
ATTORNEY FEES EXPENSE CLAIM DISTRICT COURTS-COURT APPEARANCE TEX. FAM. CODE §§ 107.015 & 157.164		(61) P-2 APALF	
Court No.	Party or "Child"	Case Number(s)	
3104		2011-54649	
INDIVIDUAL CASE APPOINTMENT		Dates in Court	Number of Court days/hours
CONTEMPT/ ENFORCEMENT	Non-Trial per day		
	Trial per day		
	Out of Court per hour*		
TDFPS/SAPCR	Non-Trial per day		
	Trial per day	June 4, 2013	1.0
	Out of Court per hour*	Please see attached	10.0
APPEALS			
TRIALS MORE THAN 5 DAYS			
		*****	\$3,000.00
		*****	\$2,500.00
		TOTAL 1400.00	
*Maximum of 5 hours for contempt/enforcement. Attach statement of Out-of-Court hours to this form.			
PERSONAL INFORMATION			
Social Security Number (last 4 digits)	Telephone Number	Bar Card Number	
XXX-XX	()		
Mailing Address (Number, Street, Suite, City, State, Zip Code) <div style="float: right; text-align: right;"> Alicia K. Franklin 405 Main St, Suite 401 Houston, TX 77002 Phone: (713) 223-0754 SBN: 24040930 </div>			
CERTIFICATION			
I, <u>Alicia K. Franklin</u> , 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 Article 107.015 and 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.			
 Attorney at Law (Signature)			
Date Submitted for Payment <u>June 4</u> , 2013			
APPROVED FOR PAYMENT:		 Presiding Judge	
7/9/13 Date 310 Court			
AUDITOR			

OUT OF COURT HOURS LOG - FAMILY DISTRICT COURTS

Court Number: 910th Case Number: 2011-54649 Party of Child's Name: [illegible]

DATE	TIME	ACTIVITY	AMOUNT APPROVED BY COURT
2/15/13	5.0	mediation	
2/18/13	1.0	Receive motion for cont. + printed Reviewed	
2/20/13	.25	comm w/ client	
2/20/13	.25	comm w/ cps	
2/21/13	.25	post office run	400.00
2/25/13	.25	comm w/ client	
2/28/13	.25	comm w/ client	
3/6/13	.25	comm w/ client	
3/6/13	.25	comm w/ cps	
3/20/13	.25	comm w/ cps	
3/28/13	.25	comm w/ client	
4/17/13	.25	comm w/ cps	
5/3/13	.25	comm w/ client	
5/6/13	.25	Receive fax + printed	
5/14/13	.25	comm w/ client	
5/20/13	.25	comm w/ client	
5/28/13	.25	comm w/ client	
5/29/13	1.0	comm w/ client comm w/ employee	
5/30/13	2.0	Draft business records affidavit, comm w/ client Draft Motion for cont. + order	
5/30/13	.25	Receive fax from client	
5/30/13	1.0	comm w/ court, comm w/ all parties Rec fax motion	
5/31/13	1.0	Prepare for trial	
TOTAL HOURS SUBMITTED		10.7	TOTAL AMOUNT APPROVED 1,200.00



Approved

7/9/13

310

Judge, Presiding

Attorney at Law (Signature)

Alicia K. Franklin

TEN: 3404 2932 Attorney Name (print legibly)

AUDITOR

VOUCHER # X-2 X 272856

No. 2012-038565

APGARF

52-1

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY TEXAS

CHILD(REN)

314 TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin as the attorney/guardian ad litem to represent the interests of 24040935 in the above referenced cause of action, finds that at this time 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	Pursued see attached	10.0	\$30 to \$50		\$500	500
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 500

PERSONAL INFORMATION

Name: The Law Offices of Alicia K. Franklin, P.C.
Alicia K. Franklin
 Social Security Number _____ Telephone Number 405 Main, Suite 401 Bar Number _____
Houston, Texas 77002
 Mailing address Phone: (713) 223-0754
SBN: 24040930

CERTIFICATION

I, Alicia K. Franklin, 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 this 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 11 day of June, 2012.

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 COURT

Court Number	Case Number	Party or Child's Name
314th	2012-038565	

Date	Time	Activity	Amount Approved by the Court
3/14/13	1.25	comm w/ caregivers in Florida	
3/15/13	1.0	comm w/ caregiver, comm w/ CPS	
3/16/13	.25	comm w/ caregiver	
3/16/13	.25	comm w/ caregiver CPS -	
3/16/13	.25	comm w/ caregiver	
3/19/13	.25	comm w/ attny	
3/19/13	.85	Receive Fax + printed	
3/19/13	1.0	Receive Order, Printed, comm w/ CPS	
		Review Notice	
3/19/13	1.5	comm w/ Counsel, Receive Report + printed, Reviewed Report	
3/20/13	.25	communication w/ CPS	
3/20/13	.50	comm w/ caregiver, comm w/ attny	
3/20/13	1.0	Reviewed decree	
3/20/13	.50	comm w/ caregivers, mom, + mom's attny	
3/21/13	.25	Receive Fax + printed	
3/21/13	1.50	comm w/ caregiver, comm w/ mom, comm w/ CPS, comm w/ counsel for parties	
Total Hours Submitted		Total Amount Approved	
10.0			

Approved

Judge Presiding

Attorney at Law
Alicia K. Franklin
TBN: 24040930

No. 2007-06443 J

IN RE:

IN THE DISTRICT COURT OF

HARRIS COUNTY, TEXAS

CHILD(REN)

313 TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin Attending in for David York as the attorney/guardian ad litem to represent the interests of 24040930 in the above referenced cause of action, finds that at this time 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	Please see Attached	10:0	\$30 to \$50		\$500	500
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total 500

PERSONAL INFORMATION

Name: Alicia K. Franklin, P.C.
Attorney at Law
 Social Security Number: 408 Main, Suite 401
 Telephone Number: Houston, Texas 77002 Bar Number: Phone: (713) 223-0754
 or Tax ID Number: SBN: 24040930
 Mailing address: [REDACTED]

CERTIFICATION

I, Alicia K. Franklin, Attending in for David York, swear or affirm to the Court that I have not received nor will I receive any other money or anything else of value in this 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.

Alicia K. Franklin signed w/ perm T.T.
 Attorney

Signed this _____ day of _____, 20____.

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 COURT

Court Number	Case Number	Party or Child's Name
313th	2007-06443J	

Date	Time	Activity	Amount Approved by the Court
3/6/13	1.5	prepare photos. Draft Home visit Report. comm w/ CPS	
3/7/13	.50	comm w/ CPS + comm w/ co. attorney	
3/14/13	.25	Receive + printed fax.	
3/14/13	.50	Review order	
3/20/13	.25	Sent fax to attorney	
3/20/13	.25	Comm w/ CPS	
4/22/13	4.0	Home visit	
5/6/13	.25	comm w/ caregiver	
5/22/13	.25	comm w/ caregiver	
5/30/13	.25	comm w/ caregiver	
6/4/13	.25	comm w/ caregiver	
6/5/13	.25	comm w/ caregiver	
6/10/13	.25	comm w/ caregiver	
6/17/13	.25	comm w/ caregiver	
7/12/13	1.0	comm w/ caregiver	
Total Hours Submitted		Total Amount Approved	
10.0			

Approved

Judge Presiding

Attorney at Law
Alicia K. Franklin
TBN: 24040930

No. 2012-068765

IN RE:

IN THE DISTRICT COURT OF
HARRIS COUNTY, TEXAS

CHILD(REN)

314 TH DISTRICT COURT

ORDER

The Court, having appointed Alicia K. Franklin as the attorney/guardian ad litem to represent the interests of 24040930 the "Appointee," in the above referenced cause of action, finds that at this time 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>Plm & attached</u>	<u>10.0</u>	<u>\$30 to \$50</u>		\$500	<u>500</u>
Expert Testimony				\$200	\$800	
Investigation					\$600	
Appeals - Fixed Rate of \$500 - \$2,500						Amount
Total						Total <u>500</u>

PERSONAL INTERVIEW with Alicia K. Franklin, P.C.

Name: <u>Alicia K. Franklin</u>	
403 Main, Suite 401	
Social Security Number or Tax ID Number	Telephone Number <u>Houston, Texas 77002</u> Bar Number <u>Phone: (713) 223-0754</u>
Mailing address	<u>SBN: 24040930</u>

CERTIFICATION

I, Alicia K. Franklin, 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 this 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.

Attorney

Signed this 23 day of July, 2013.Judge [Signature]

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

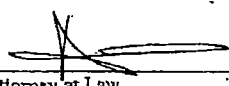
OUT OF COURT HOURS LOG - FAMILY DISTRICT COURT

Court Number	Case Number	Party or Child's Name
314th	2012-06876J	

Date	Time	Activity	Amount Approved by the Court
2/15/13	.50	comm w/ CPS + comm w/ client	
2/19/13	1.0	Review FSP comm w/ CPS	
2/20/13	.50	comm w/ client	
2/21/13	.50	comm w/ client + CPS	
2/22/13	.25	comm w/ CPS	
2/25/13	.25	comm w/ client	
2/27/13	.50	comm w/ CPS + comm w/ mom	
2/28/13	1.0	comm w/ client. Print + Review correspondence. Prepare to mail to client.	
3/4/13	.25	Receive fax + printed	
3/5/13	.25	Receive fax + printed	
3/5/13	1.0	Review orders	
3/6/13	.25	comm w/ client	
3/11/13	.25	comm w/ client	
3/20/13	.25	comm w/ client	
3/21/13	.25	comm w/ client	
3/22/13	.50	comm w/ client. Receive fax + printed	
3/26/13	.25	comm w/ client	
3/26/13	.25	Receive + Reviewed. Correspondence	
4/3/13	.25	Receive fax + printed	
4/10/13	.25	Receive fax + printed	
4/10/13	1.0	Receive prescription + Reviewed	
4/22/13	.50	comm w/ client + Receive parenting certificate	
Total Hours Submitted		Total Amount Approved	
10.0			

Approved

Judge Presiding


 Attorney at Law
 Alicia K. Franklin
 TBN: 24040930

58/1 42
A999F

<small>Courtesy Auditor's Form 40-2 Harris County, Texas (REV. 05/12)</small> ATTORNEY FEES EXPENSE CLAIM DISTRICT COURTS-COURT APPEARANCE <small>TEX. FAM. CODE §§ 107.015 & 157.164</small>		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.	Party or Child's Name	Case Number(s)				
310th		2004-04992J				
INDIVIDUAL CASE APPOINTMENT		Court Date(s)	No. of Court days / hours	Minimum	Maximum	Amount
CONTEMPT	Non-Trial (per day)			\$125.00	\$225.00	
	<input type="checkbox"/> AJOC					
	<input type="checkbox"/> ancillary hearing					
	Trial (per day)			\$300.00	\$500.00	
	Contested on the merits					
	Out of Court (per hour)			\$75.00	\$150.00	
	(see attached form)					
TDFPS	Non-Trial (per day)			\$125.00	\$225.00	
	<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)					
	Trial (per day)			\$300.00	\$500.00	
	Contested on the merits					
	Out of Court (per hour)			\$75.00	\$100.00	
	(see attached form)					
APPEALS				*****	\$3,000.00	
TRIALS MORE THAN 5 DAYS				*****	\$2,500.00	
					TOTAL	5,650.00
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)		Telephone		Child Number		
XXX-XX		()		Alicia K. Franklin		
Mailing Address: (Number, Street, Suite, City, State, Zip Code)		405 Main, Suite 401				
		Houston, Texas 77002				
		Phone: (713) 223-0754				
		SBN: 24040930				
CERTIFICATION						
I, <u>Alicia K. Franklin</u> , 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.						
Sister Cause No. 2003-45210 2006-32454						
Date Submitted for Payment <u>July 26</u> , 20 <u>13</u> .						Attorney at Law (Signature)
APPROVED FOR PAYMENT: <u>DEC 02 2013</u> Date <u>310</u> Court						Presiding Judge

AUDITOR

OUT OF COURT LOG - FAMILY DISTRICT COURTS

Case Number: 37024
 Plaintiff's Name: [illegible]
 Defendant's Name: [illegible]

DATE	TIME	ACTIVITY	COURT APPROVED BY COURT
1/25/13	.25	Receive report submitted	
1/25/13	1.0	Review Report	
2/19/13	.25	Comm w/ caregiver	
2/19/13	.25	Comm w/ CPS	
2/27/13	.25	Comm w/ children	
2/29/13	.25	Comm w/ [illegible]	
3/20/13	.25	Comm w/ CPS	
3/29/13	.25	Comm w/ caregivers	
4/26/13	.50	Comm w/ facility prepare directions	
4/26/13	.25	Comm w/ CPS	
5/7/13	.25	Comm w/ [illegible] 14.50	14.50
5/8/13	.25	Comm w/ CPS	
5/16/13	.25	Comm w/ CPS	
5/22/13	.25	Comm w/ [illegible]	
5/22/13	4.0	Visit in Richmond, TX	50.50
5/30/13	.25	Comm w/ CPS	
5/28/13	.25	Comm w/ CPS	
6/3/13	1.0	Comm w/ client, CPS, School	
6/14/13	1.50	Receive fax, printed, reviewed, Comm w/ CPS	
6/26/13	1.50	Review CPS Reports of all kids	
7/10/13	1.0	Research child's whereabouts Comm w/ CPS + mom	
7/25/13	1.0	Comm w/ CPS + an attorney	
7/26/13	.50	Comm w/ CPS + COURT	
TOTAL HOURS SUBMITTED		14.50	TOTAL AMOUNT APPROVED

Sister cause NO.

2006-32154

2004-04402

Approved

[Signature]

Judge Presiding

[Signature]

Attorney at Law (Signature)

TSN [illegible]

AUDITOR

211. P3
11. April

Harris County Auditor's Form 40-2 Harris County, Texas (REV. 05/12)		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. 310th	Party or Child's Name	Case Number(s) 2012-15935				
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 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	7/30/13	1.0	\$300.00	\$500.00	500.00
	Out of Court (per hour) (see attached form)	Please see attached	19.75	\$75.00	\$100.00	1975.00
APPEALS				*****	\$3,000.00	
TRIALS MORE THAN 5 DAYS				*****	\$2,500.00	
				TOTAL		2475.00
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		Telephone Number ()		Bar Card Number		
Mailing Address: (Number, Street, Suite, City, State, Zip Code)		Alida K. Franklin 405 Main, Suite 401 Houston, Texas 77002 Phone: (713) 223-0754 SBN: 24040830				
CERTIFICATION						
I, <u>Alida K. Franklin</u> , 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		July 30, 2013				
APPROVED FOR PAYMENT:						
10/2/13 Date		310 Court		Presiding Judge		

AUDITOR

OUT OF COURT - JUDGE - FAMILY DISTRICT COURT

Case Number

3/10/13

Case Number

2013-1000

DATE	TIME	ACTIVITY	AMOUNT APPROVED BY COURT
3/19/13	2.0	Comm w/ client, Comm w/ maternal grandm, Comm w/ NSC, Comm w/ CPS	
3/20/13	.50	Drafted correspondence to Mom + prepare that	
3/20/13	.25	post office run	
3/21/13	.25	Comm w/ CPS	
4/10/13	.25	Reviewed correspondence	
4/24/13	.25	Free fax Certificate of Written Discovery	
4/24/13	.20	prepare discovery to TDFRS	
4/25/13	.25	Receive + Reviewed Confirmation	
5/6/13	.25	Comm w/ client	500.00
5/20/13	.25	Receive + printed fax	
5/23/13	.25	Receive + printed fax	
5/24/13	1.0	Review Order	
5/24/13	1.0	Review discovery	
6/3/13	.50	Comm w/ CPS + client's mother	
6/12/13	.25	Comm w/ CPS	
6/25/13	1.0	Research whereabouts of client	
7/17/13	2.0	Comm w/ CPS, Comm w/ client, Comm w/ client's family members, Comm w/ court. Draft letter to client + mail	
7/19/13	1.0	Prepare for trial. Exhibits, Comm w/ witnesses	
7/25/13	.25	Comm w/ paternal grandfather	
7/29/13	1.0	continuance of preparing for trial	

TOTAL HOURS SUBMITTED

15.50

TOTAL AMOUNT APPROVED

1975.00

Page 1 only out of 2

Approved

10/21/13

510

Alicia K. Frankling

Attorney at Law (Signature)

AUDITOR