

County Auditor's Form 40-2 Harris County, Texas (REV. 05/12)		INSTRUCTIONS Payment will not be authorized until each item is in ink. Follow the instructions below and forward to the presiding judge for approval.			
ATTORNEY FEES EXPENSE CLAIM DISTRICT COURTS-COURT APPEARANCE TEX. FAM. CODE §§ 107.015 & 157.164					
Court No. 310	Party or Child's Name G (Child)	Case Number(s) 2012-04978J			
INDIVIDUAL CASE APPOINTMENT		Court Date(s)	No. of Court days / hours	Minimum	Maximum
CONTEMPT	Non-Trial (per day) <input type="checkbox"/> AJOC <input type="checkbox"/> ancillary hearing	FILED Chris Daniel District Clerk		\$125.00	\$225.00
	Trial (per day) Contested on the merits	JUN 25 2013 Time: _____ Harris County, Texas		\$300.00	\$500.00
	Out of Court (per hour) (see attached form)	By: _____		\$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)	6/25/13		1	\$125.00 \$225.00
	Trial (per day) Contested on the merits			\$300.00	\$500.00
	Out of Court (per hour) (see attached form)	6/24/13		5.0	\$75.00 \$100.00
APPEALS		3/1/13		*****	\$3,000.00
TRIALS MORE THAN 5 DAYS				*****	\$2,500.00
					TOTAL
ALL VOUCHERS MUST BE SUBMITTED FOR COURT APPROVAL IMMEDIATELY FOLLOWING THE WHICH THE COURT TIMES OR OUT OF COURT HOURS ARE BEING REQUESTED					
Social Security Number (last 4 digits) XXX-XX 9477		Telephone Number (713) 621-6335		Bar Card Number 16095800	
Mailing Address: (Number, Street, Suite, City, State, Zip Code) 2211 Norfolk #20 Houston TX 77098					
I, Gary PELUND , Attorney at Law, certify under penalty of Harris County Auditor may rely upon the information contained above to make payment according to the schedule adopted by the Board of District Judges Trying Family Cases pursuant to Section(s) 157.164 of the Texas Family Code. I further certify that I have not received, nor will receive, anything else of value in this case except for payment ordered by the court for representing the party or respondent served by publication.					

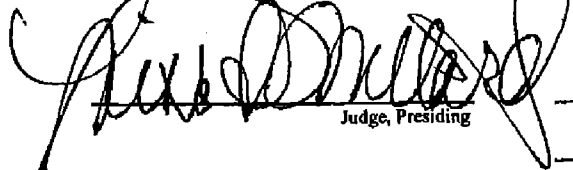

OUT OF COURT HOURS LOG - FAMILY DISTRICT COURTS

Court Number 310	Case Number 2020A785	Party or Child's Name -
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DATE	TIME	ACTIVITY	AMOUNT APPROVED BY COURT
6/24/13	5.0	Travel to & conduct home visit with reports with photos	
3/5/13	1.0	Review & draft answers at court return	

TOTAL HOURS SUBMITTED	5.0	TOTAL AMOUNT APPROVED	600.00
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Unofficial Copy Office of Chris Daniel District Clerk

Approved: 
 Judge, Presiding 
 Attorney at Law (Signature)
 Gary Pollock
 Attorney Name (print legibly)

COURT

County Auditor's Form 40-3
Harris County, Texas (REV. 05/12)

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

INSTRUCTIONS (B-1)
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. 311 **Party or Child's Name** (Child) **Case Number(s)** 2012 63012

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	FILED Chris Daniel District Clerk DEC 14 2012	1	\$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)	By _____ Harris County, Texas Deputy	1	\$125.00	\$225.00	\$200
	Trial (per day) Contested on the merits			\$300.00	\$500.00	
	Out of Court (per hour) (see attached form)	12/11/12	4.0	\$75.00	\$100.00	\$400
APPEALS				*****	\$3,000.00	
TRIALS MORE THAN 5 DAYS				*****	\$2,500.00	
					TOTAL	\$600

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 9477 Telephone Number (313) 625-6335 Bar Card Number 16095800

Mailing Address: (Number, Street, Suite, City, State, Zip Code)
2211 Norfolk #420
Houston TX 77098

CERTIFICATION

I, Gary Pollan, 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 12/12, 2012 _____ Attorney at Law (Signature)

APPROVED FOR PAYMENT:
12-14-12 Date 311 Court _____ Presiding Judge

OUT OF COURT HOURS LOG - FAMILY DISTRICT COURTS

Court Number 311	Case Number 2012 63012	Party or Child's Name 1
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DATE	TIME	ACTIVITY	AMOUNT APPROVED BY COURT
12/11/12	4.0	Traveled to 5 судіод home visits to draft reports for court with photos	\$400
TOTAL HOURS SUBMITTED		4.0	TOTAL AMOUNT APPROVED
			\$400

Unofficial Copy Office of Chris Daniel District Clerk

Approved

 12/14/12 Judge, Presiding


 Gary Parsons Attorney at Law (Signature)
 Attorney Name (print legibly)

County Auditor's Form 411-2 Harris County, Texas (REV. 03/12)		INSTRUCTIONS Payment will not be authorized until each item is in ink. Follow the instructions below and forward to the presiding judge for approval.		
ATTORNEY FEES EXPENSE CLAIM DISTRICT COURTS-COURT APPEARANCE TEX. FAM. CODE §§ 107.015 & 157.164		\$11 P 7		
Court No. 311	Party or Child's Name (Child)	Case Number(s) 2013-36832		
INDIVIDUAL CASE APPOINTMENT		Court Date(s)	No. of Court days / hours	
CONTEMPT	Non-Trial (per day) <input type="checkbox"/> AJOC <input type="checkbox"/> ancillary hearing	FILED Chris Daniel District Clerk AUG 14 2013 Harris County, Texas Deputy	Minimum \$125.00	Maximum \$225.00
	Trial (per day) Contested on the merits		Minimum \$300.00	Maximum \$500.00
	Out of Court (per hour) (see attached form)		Minimum \$75.00	Maximum \$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 8/14/13	Minimum \$125.00	Maximum \$225.00
	Trial (per day) Contested on the merits		Minimum \$300.00	Maximum \$500.00
	Out of Court (per hour) (see attached form)	Time: 8/8/13	Minimum \$75.00	Maximum \$100.00
APPEALS		Time: 6/29/13	Minimum *****	Maximum \$3,000.00
TRIALS MORE THAN 5 DAYS			Minimum *****	Maximum \$2,500.00
TOTAL				
ALL VOUCHERS MUST BE SUBMITTED FOR COURT APPROVAL IMMEDIATELY FOLLOWING THE WHICH THE COURT TIMES OR OUT OF COURT HOURS ARE BEING REQUESTED				
PERSONAL INFORMATION				
Social Security Number (last 4 digits) XXX-XX 9477	Telephone Number (713) 621-6335	Bar Card Number 16095800		
Mailing Address: (Number, Street, Suite, City, State, Zip Code) 2211 Norfolk #1920, Houston TX 77098				
CERTIFICATION				
I, <u>Gary Holland</u> , Attorney at Law, certify under penalty of Harris County Auditor may rely upon the information contained above to make payment according to the schedule adopted by the Board of District Judges Trying Family Cases pursuant to Section(s) 157.164 of the Texas Family Code. I further certify that I have not received, nor will receive, anything else of value in this case except for payment ordered by the court for representing the party or respondent served by publication.				
			Attorney [Signature] 8/14/13	

OUT OF COURT HOURS LOG - FAMILY DISTRICT COURTS

Court Number	Case Number	Party or Child's Name
34th	201336832	JAMES WATSON

DATE	TIME	ACTIVITY	AMOUNT APPROVED BY COURT
8/21/13	5.0	Tried to do conduct home visit & drafted report with photos.	450
6/29/13	2.0	Rem sent file to clerk answer & out of court action.	150
TOTAL HOURS SUBMITTED		7.0	TOTAL AMOUNT APPROVED

FILED
Chris Daniel
District Clerk
AUG 28 2013

Time _____
Harris County, Texas
Deputy _____
6.00

Unofficial Copy Office of Chris Daniel District Clerk

Approved _____
8-28-13
Judge, Presiding

Attorney at Law (Signature)
Gary Rowland
Attorney Name (print legibly)

**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.

Proof

Court No. 308	Party or Child's Name, (Child)	Case Number(s) 2012-049570			
INDIVIDUAL CASE APPOINTMENT		Court No. of Court Days / hours	Minimum	Maximum	Amount
CONTEMPT	Non-Trial (per day) <input type="checkbox"/> AJOC <input type="checkbox"/> ancillary hearing	AUG 22 2013	\$125.00	\$225.00	
	Trial (per day) Contested on the merits	Time: Home County, Texas By Deputy	\$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)	8/22/13	\$125.00	\$225.00	\$125.00
	Trial (per day) Contested on the merits		\$300.00	\$500.00	
	Out of Court (per hour) (see attached form)	8/19/13	\$75.00	\$100.00	\$400.00
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) **9477** 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, **Gaundeland**, 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 **8/19**, 20**13**. *[Signature]*
Attorney at Law (Signature)

APPROVED FOR PAYMENT
8-26-13 Date **308** Court *[Signature]*
Presiding Judge

COURT

