

**COURT APPOINTEE FEE COMPENSATION VOUCHER**

*(This form must be submitted to the court prior to approval of fees and expenses)*

**APPOINTEE INFORMATION:**

NAME: \_\_\_\_\_

BAR # (if appointed as attorney): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**CASE INFORMATION:**

CAUSE NO.: \_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_

STYLE (Use initials for minors):

\_\_\_\_\_

**JUDGE ROBIN V. DWYER**, PRESIDING  
GUADALUPE COUNTY COURT AT LAW

**POSITION TO WHICH APPOINTED:**

ATTORNEY AD LITEM

GUARDIAN AD LITEM

MEDIATOR

GUARDIAN

TEMPORARY GUARDIAN

COMPETENCY EVALUATOR

**NAME OF PERSON(S) REPRESENTED** (use initials for minors):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATES OF SERVICE:** \_\_\_\_\_ through \_\_\_\_\_

**TYPE(S) OF FEES:**

5% STATUTORY FEE FOR GUARDIAN/ TEMPORARY GUARDIAN \$ \_\_\_\_\_

ATTORNEY FEES FOR ATTORNEY/GUARDIAN AD LITEM \$ \_\_\_\_\_

HOURS BILLED IF OVER \$1,000.00 \_\_\_\_\_

FEES FOR MEDIATOR/COMPETENCY EVALUATOR \$ \_\_\_\_\_

**PAYMENT/REIMBURSEMENT OF EXPENSES:**

DESCRIPTION

AMOUNT

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_