



Office of the Juvenile Referee
Juvenile Justice Department
County of Galveston

Kathryn Bradfield Lanan
Juvenile Referee

Attorney's Full Name:	Attorney's Mailing Address:
Attorney's Telephone Number:	Attorney's Fax Number:
State Bar Number:	Tax ID Number OR SS# ending in _____

Attorney of the month during the month of _____ **\$1,800.00**

Other (Include cause no., date and description of additional services rendered or attach detailed billing statement): (Rate: \$65.00 per hour)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REQUESTED **\$ _____**

I, the undersigned attorney, am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness of the above listed services performed.

Attorney's Signature

Date

Referee/Judge Presiding

Date