

AG Billing

Constable Clerks August 2024

**Melyn Thompson & Jennifer Cagle
Johnson County**



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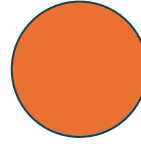
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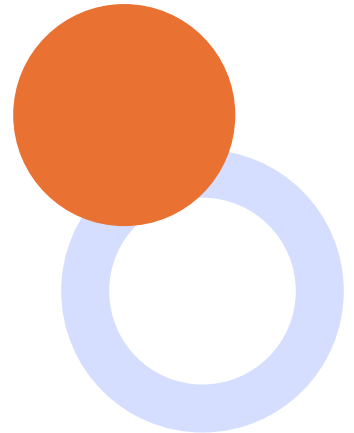
Agenda



- Introduction
- AG Billing Basics
- Discussion
- Questions

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Introductions



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AG Billing Basics



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Invoice

INVOICE

Texas Identification Number (TIN) or Federal Payee Identification Number (FEIN):

Payee Name/Address: County Constable Pct _____ _____ _____	Submit Invoice to: COUNTY.BILLING@OAG.TEXAS.GOV Attorney General of Texas Child Support Division MCDSB-4 P. O. Box 12017 Austin, Texas 78711-2017
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Service Month/Year	Description of Services Performed	Gross Amount	FP %	Net Amount
	Services provided under the Texas Family Code and Title IV-D Select One <input type="checkbox"/> Travel Reimbursement <input checked="" type="checkbox"/> Court Costs and Filing Fees			n/a
	Enter credits (if any)			***
INVOICE TOTAL				

I hereby certify: (1) that the services for which payment is requested herein were fully and satisfactorily performed in accordance with the Texas Family Code, (2) that the fees and costs comply with Chapters 110 and 231.202 of the Texas Family Code and by Sections 51.317, 51.318(b)(2), and 51.319(2) of the Texas Government Code, and (3) that this invoice is true and unpaid.

Certified on behalf of the county by:

Signature: _____	Date: _____
Title: _____	

Contact Name: _____ Phone: _____

CHILD SUPPORT USE ONLY



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Invoice Instructions 1

Please use the following instructions to complete the Child Support invoice for filing and service fees reimbursement of court costs.

Texas Identification Number (TIN) or Federal ID Number (FEIN):	Enter the TIN or FEIN for the entity receiving payment.
Payee Name/Address:	Enter the County and the Official Title of the Office submitting the billing, not a personal name. Also include the mailing address where payment is to be received.
Submit Invoice to:	Submit invoice with the appropriate Reimbursement Form to the address listed.
Service/Delivery Date:	Enter the calendar month/year that the service was provided. Please only submit one month per invoice.

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Description of Services Performed:	"Services provided under the Texas Family Code and Title IV-D." No additional information is required.
Select One: Travel Reimbursement or Court Costs and Filings.	When Travel Reimbursement is selected attach the IV-D Transportation and Travel Reimbursement form. When Court Costs and Filings is selected attach the Service of Process Reimbursement form.
Gross Amount:	Enter the total dollar amount for all services performed for each month at the 100% amount from the reimbursement form/report.
FFP (Federal Financial Participation):	Allowable percent of reimbursement.
Court Cost Credit (If Any)	Fees previously paid to the County, that is now due back to the OAG. Example: Overpayment made to the County in error, court costs paid by parties in an OAG case, etc.

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Batch Billing Report in Odyssey



Batch Civil Paper Billing Report

TXJOHNSONPROD

Issued Date Range: 12/01/2022 to 12/31/2022 Sorted by: AG# Batch Id: 12/01/2022-12/31/2022 (2844428)

Report Type: Attorney General Only Paper Types: Citation - AG, Notices - AG, Precept to Serve - AG, Protective Order - AG, Restraining Order - AG, Show Cause - AG, Subp

Constable 3

Issue Date Paper #	OAG # LAC	Case # / Control # Paper Type	Person To Serve	Current Status Date	Current Location	Amt Req'd	Amt Billed	Balance	
12/16/2022	0012233122	233-485699-10	BRADFORD, JUSTIN RICHARD	Returned to Court via Efile	Constable Pct. 3	\$85.00	\$56.10	\$56.10	
2204774	MMOD	Citation - AG	BRADFORD, JUSTIN RICHARD	01/03/2023					
12/30/2022	0012819503	D201305675	Ledezma, Candice Marie	Returned to Court via Efile	Constable Pct. 3	\$85.00	\$56.10	\$56.10	
2300001	MRED	Citation - AG	Ledezma, Candice Hughes	01/05/2023					
12/14/2022	0013333119	DC-D202000323	Ramos, Orlando Alonzo	Returned to Court via Efile	Constable Pct. 3	\$85.00	\$56.10	\$56.10	
2204668	REDM	Citation - AG	RAMOS, ORLANDO	12/20/2022					
12/09/2022	0013460196	325-606242-16	BUI, THAI QUANG	Returned to Court via Efile	Constable Pct. 3	\$85.00	\$56.10	\$56.10	
2204775	MMOD	Citation - AG	BUI, THAI QUANG	01/03/2023					
12/13/2022	0013522840	DC-D201700390	Gomez De Nava, Maribel	Returned - Alternate Service Requested	Constable Pct. 3	\$85.00	\$56.10	\$56.10	
2204647	MMOD	Citation - AG	GOMEZ, MARIBEL	12/20/2022					
12/13/2022	0013522840	DC-D201700390	Nava, Franco	Returned - Alternate Service Requested	Constable Pct. 3	\$85.00	\$56.10	\$56.10	
2204645	MMOD	Citation - AG	Nava, Franco	12/20/2022					
Total Constable 3 :						6	\$510.00	\$336.60	\$336.60
Total Count :						6	\$510.00	\$336.60	\$336.60

Reimbursement Detail Sheet



OAG/CSD - SERVICE OF PROCESS REIMBURSEMENT DETAIL SHEET

County and Office: Johnson County Pct. 3

Prepared by: Jennifer Cagle

Billing Month/Year: December 2022

Telephone #: 817-202-2985

Page ___ of ___

SERVICE DATE	OAG CASE ID	CAUSE NUMBER	NCP NAME	CP NAME	# of Returned Services	Returned Service Fee	Executed Arrest Fee	Gross Amount Total
12/16/2022	0012233122	233-485699-10	Bradford, Justin Richard	Rennie, Tristan Lynn	1	\$ 56.10		\$ 56.10
12/30/2022	0012819503	D201305675	Maxwell, Damion Clark	Ledezma, Candice Hughes	1	\$ 56.10		\$ 56.10
12/14/2022	0013333119	DC-D202000323	Ramos, Orlando	Ramos, Rachael Lejuane	1	\$ 56.10		\$ 56.10
12/9/2022	0013460196	325-606242-16	Bui, Thai Quang	Mai, Le Quynh	1	\$ 56.10		\$ 56.10
12/13/2022	0013522840	DC-D201700390	Nava, Franco	Gomez De Nava, Maribel	2	\$ 112.20		\$ 112.20
								\$ -
								\$ -
Category Amount Page Total					NA	\$ 336.60	\$ -	\$ 336.60
Category Count Page Total					6	NA		

Credit (if any) _____
Invoice Grand Total _____

Reimbursement Detail Instructions



Instructions for completing the Service of Process Reimbursement Detail Sheet

TITLE	INSTRUCTIONS/INFORMATION
Service Date	Enter the month, day, and year that the service was returned.
OAG Case ID	Enter the Attorney General case number, which can be found on the legal document.
Cause Number	Enter the court cause number.
NCP Name	Enter the name of the non-custodial parent or alleged father.
CP Name	Enter the name of the custodial parent.
# of Returned Services	Enter the total number of returned services for the case.
Returned Service Fee	Enter the service fee amount. The fee must be posted on the Comptroller's website.
Executed Arrest Fee	Enter the arrest fee amount. The fee must be posted on the Comptroller's website. <i>Note: The OAG only reimburses for executed arrests.</i>
Gross Amount Total	(Auto Calculated) The total amount per case on each line horizontally across the row.
Category Amount Page Total	(Auto Calculated) The total amount for each category.
Category Count Page Total	(Auto Calculated) The total count for each category.
Credit (if any)	Manually enter the credit amount (if any), on the last page of the Reimbursement Detail Sheet.
Invoice Grand Total	Manually enter the grand total for all pages, on the last page of the Reimbursement Detail Sheet.

Upon receipt of a properly prepared invoice and reimbursement detail sheet, the OAG will review the documents for accuracy. You will be contacted if the review potentially results in an adjustment of your submitted invoice.

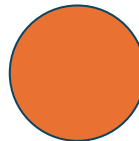
Invoices can be submitted in three ways:

- Email: County.Billing@oag.texas.gov
- Fax: (512) 460-6613
- US Mail: Office of the Attorney General
Child Support Division, MC 058-4
PO Box 12017
Austin, Texas 78711-2017

Please feel free to contact us if you need additional assistance: (512) 460-6941

Texas Comptroller of Public Accounts, Sheriffs' and Constables' Fees:
<https://comptroller.texas.gov/transparency/local/sheriffs/>

Rev. 01/2022



Discussion

Are you backlogged on AG Billing?



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Do you have a good contact at the AG's Office?



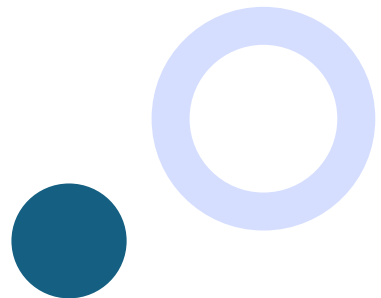
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Do you have other processes like this one?
(maybe billing out-of-county)



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Questions



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Thank you

Melyn Thompson

817-202-2967 Option 1

melyn@johnsoncountytexas.org

Jennifer Cagle

817-558-0111 ext 1533

jcagle@johnsoncountytexas.org

