



**IN THE COUNTY COURTS AT LAW
OF TRAVIS COUNTY TEXAS**

Cause No(s). _____ Court _____
State vs. _____
Offense _____

Request for Payment for Services Rendered as Court Appointed Counsel

In the above numbered and entitled cause(s) I, the undersigned attorney, represent to the court the following are true and correct.

- 1) The defendant has been determined to be indigent and in need of legal services pursuant to the Code of Criminal Procedure Chapter 26.
- 2) The undersigned attorney was duly qualified and appointed by the court to represent the defendant in this cause according to local guidelines or in the interest of justice.
- 3) All services claimed below were rendered to the defendant in the disposition of this cause, and were reasonable and necessary.
- 4) **Attorneys must have approval of the Court in writing if a claim is to be based on fees in excess of the established rates. If such approval is not obtained in advance, a higher rate shall not be paid.**

FINAL CASE DISPOSITION: No Charges Filed Plea Trial Dismissal Appeal OR Attorney Released

Fixed Rates:

Fixed Rate Continued

- Obtaining jail release \$50
- Discovery and dismissal (single case only)
- \$50 each succeeding case \$175
- Pretrial (including preparation) \$150
- Plea and Sentence (1 defendant, 1 case) \$175
- Plea and Sentence (1 defendant,
multiple cases)* \$175
*\$50 each succeeding case \$ _____

- Misdemeanor 12.45's \$50
 - Uncontested Competency \$100
 - Appeals \$500
- SUB TOTAL \$**

Daily Rates:

- Trial before the Court \$350
- Jury trial (including discovery and
preparation; actual trial time) \$500

DAILY RATE TOTAL

Vouchers shall be submitted at the time the case is disposed of except for trials. In the case of trials, vouchers should be submitted within 30 days of the conclusion of the case. Failure to comply shall result in suspension from the court appointment list.

I RESPECTFULLY REQUEST PAYMENT IN THE TOTAL AMOUNT OF: \$ _____ FOR SERVICES PROVIDED FROM: _____ TO _____ . (MM/DD/YY)

Pay to: _____ Vendor # _____

Attorney's Address: _____ Phone: _____
Street Address City Zip

Attorney signature as verification of claim accuracy: _____ Date Submitted _____

ORDER

Having reviewed the foregoing motion, and considering the facts of this case and the local guidelines for payment of counsel, I find that \$ _____ is proper, and order that payment be made in that amount.

Judge Presiding

Date

