



IN THE CRIMINAL DISTRICT COURTS
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.

Fixed Rates:

- Secure release from jail \$75
Case dismissed prior to indictment \$200
Case dismissed post indictment1 \$400
Non-evidentiary pre-trial (necessary motions) \$100
Evidentiary pre-trial (less than half day) \$250
Non-jury trial (less than half-day) \$500
Plea and Sentence (same setting)1 \$400
Plea and Sentence (separate settings)1 \$450
Boot camp or shock probation (3 settings)1 \$500
Probation Revocation (non-contested) \$250
Writ hearings \$250

Appeals

- Ander's Briefs, Motions to Revoke or Adjudicate \$1,000
1st, 2nd, 3rd Degree & State Jail Felonies \$2,000

1\$100 for each additional case.

Daily Rates: minimum 6 hours per day

- Evidentiary Pretrial \$500 x (# of days)
Non-jury trial \$750 x (# of days)
Jury trial \$1,000 x (# of days)

Hourly Rate Approved (see note 2 below)

Total out of court time from itemized statement (attached and incorporated)
Total in court time from itemized statement (attached and incorporated)

- Attorney Released
Other Necessary Expenses
(Specify)

2Attorneys must have approval of the Court in writing at the outset of a case if a claim is to be based on an hourly rate.

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

