

Appointed Counsel Request for Compensation

This is a 3-part form - PRESS HARD

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> Juvenile <input type="checkbox"/> County Court at Law Court # _____	2. Cause Number _____ Offense _____ Offense Date _____ Proceeding (use code) _____ Disposal (use code) _____	3. Proceeding code: 1 - Trial-Jury 2 - Trial-Court 3 - Plea-Open 4 - Plea-Bargain 5 - Other _____ Disposal Code: P - Probation J - Jail Time A - Acquitted
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4. Defendant's or Juvenile's Full Name (PRINT)

5. Case Level (check offense and circle felony/misdemeanor level, if required)

<input type="checkbox"/> Felony 1 2 3 State Jail	<input type="checkbox"/> Adjudication or	<input type="checkbox"/> Revocation	<input type="checkbox"/> Capital Case	<input type="checkbox"/> Appeal	<input type="checkbox"/> Juvenile
<input type="checkbox"/> Misdemeanor A B	<input type="checkbox"/> Adjudication or	<input type="checkbox"/> Revocation		<input type="checkbox"/> No Charges Filed	<input type="checkbox"/> Child Protective Services
<input type="checkbox"/> Other: _____					

6. Attorney (Full Name)	10. Telephone	12. Attorney Address (Include Firm Name & ID #, if Applicable)
7. State Bar Number	8. Tax ID Number	
9. Vendor ID		13. Make Payment to <input type="checkbox"/> Attorney <input type="checkbox"/> Firm-ID#

14. Flat Fee - Court Appointed Services		\$
15. In Court Services	Total Hours	Dates
	Hourly Rate	\$
16. Out of Court Services	Total Hours	Dates
	Hourly Rate	\$
17. Investigator Expenses		\$
18. Expert Witness Expenses		\$
19. Other Litigation Expenses		\$

20. Time Period of Services Rendered: From _____ to _____
Date Date

21. Additional Comments	22. Total Compensation and Expenses Claimed (attach stmt) \$
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23. Final Payment Application Partial Payment Application

24. Attorney Certification - I, the undersigned attorney, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel. A detailed statement is attached.

Signature

Date

25. SIGNATURE OF PRESIDING JUDGE:	26. Date Signed by Judge	27. Judicially Approved Amount: \$
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28. Reason(s) for Denial or Variation: Request exceeds flat rate Request exceeds hourly rate times hours worked To Be Added to Court Costs