

FROM :DONLEY COUNTY CLERK

FAX NO. :806 874 3351

Jun. 30 2010 03:09PM P1

MOTION/ORDER TO PAY COURT APPOINTED ATTORNEY

1. Jurisdiction: County District Carson Childress Collingsworth Donley Hall

2. County: _____

3. Cause Number: _____

4. Other Causes Combined with or Covered by This Cause: _____

5. Case Level: Misdemeanor Felony Juvenile Appeal Other
Describe other: _____

6. Degree of Felony Charge: 1st Degree 2nd Degree 3rd Degree State Jail

7. Request for Payment: Partial Final

8. Proceedings: Plea Trial-Jury or to the Court

9. Date of Plea or Trial: _____

10. Style of Case: The State of Texas vs. _____

11. Full Name of Attorney and Address: _____

12. State Bar Number: _____

13. Telephone Number: _____ 14. Fax Number: _____

Approved rates for Guilty Pleas in the 100th Judicial District are as follows:

Guilty Plea-Misdemeanor	\$150.00	Guilty Plea-State Jail	\$300.00
Guilty Plea-3 rd Degree	\$350.00	Guilty Plea-2 nd & 1 st Degree	\$400.00
Dismissal of Filed Case	\$250.00	Indictment Quashed	\$150.00
Case Never Filed	\$100.00	Guilty Plea-Multiple Cases	\$100.00

15. Flat Fee-Court Appointed Services: \$ _____

Approved rates for hourly services in the 100th Judicial District are as follows:
Not less than \$70.00 per hour nor more than \$100.00 per hour. Amount paid per hour is at the discretion of the Court.

16. In and Out of Court Services		16a. In and Out of Court	
Date	Brief Description	Hours	Compensation
_____	_____	_____	_____
Total Hours: _____			_____
_____			\$ _____

17. Fees paid for travel vary from County to County in the 100th Judicial District. (Contact the appropriate Treasurer's Office for approved rates.)

17a. Travel Expenses
Total Number of Trips _____
\$ _____

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For compensation associated with an Appeal, Juvenile Hearing or a Capital Case refer to the Standing Order for Compensation of Attorneys Appointed to Represent Indigent Defendants. This form can be found posted at any courthouse in the 100th Judicial District or you may contact the Court Administrator.

18. Total Compensation and Expenses Claimed: \$ _____

19. 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.

Signature: _____ Date: _____

20. Total Amount Approved: \$ _____

21. Signature of Judge: _____ Date: _____

22. Denied Reason: _____

Note: Any form provided to the Court that is incomplete will be denied and returned to the attorney of record.