**(THIS IS A FORM. PARTIES, COURT AND COUNTY TO BE EDITED AS APPROPRIATE)**

CAUSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § IN THE \_\_\_\_\_\_\_\_\_\_\_\_\_ COURT OF

§

Vs. § \_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, TEXAS

§

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § (\_\_\_\_\_\_\_\_\_\_ JUDICIAL DISTRICT)

**REQUEST FOR ATTORNEY FEES**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 1: (Complete Section 1 only if requesting a flat fee)**

** Service Provided Date Service Provided Service Provided Date Service Provided**

Conferring with Client,

including advising client

about documents for a plea. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appearances in Court for

Pretrials (as shown on docket)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conferring with District

Attorney or witnesses, or

reviewing evidence. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appearances in Court when

oral, sworn testimony was

Elicited. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appearances in Court for

Trial (including for a plea). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Services Provided

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 2: (Complete Section 2 only if requesting a fee based on an hourly rate)**

Attached is documentation showing the specific work performed in this case. (If completing Section Il, the attorney must attach a statement of services showing the time spent, in 6 minute increments (1/ 10th of an hour), for each service and the rate charged for such time. Include only time spent (1) in Court on behalf of the Defendant, (2) for reasonable and necessary work out of court. Give details of the services performed and attach any supporting

documentation for trial and any post-trial proceedings in the trial court (including filing and presenting a Motion for New Trial).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTORNEY CERTIFICATION**

I certify that I completed the work described above or on the attached documents. Based upon the SCHEDULE OF FEES adopted by the Court and the time and labor required, the complexity of the case and my experience and abilities, I request (check one or the other box but not both):

 **FIXED FEES** (Complete Section l) in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

* **HOURLY RATE** (Complete Section II) in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attorney's Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attorney’s Printed Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORDER**

* The above request for fees is approved and that amount shall be paid from the General Fund of this County and shall be included as Costs of Court.

 The above fee request is denied for the following reasons, but the above attorney shall be paid

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the General Fund of this County and such amount shall be included as Costs of Court.



DATE SIGNED JUDGE PRESIDING

Case #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

State v.

Time Sheet for Services Rendered

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Service  Rendered | Description of Services | Time Spent | Hourly Rate Clained | Amount Claimed for this Service |
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**Total Fee Claimed $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_