

Appointed Counsel Request for Compensation

This is a 4-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	
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 _____	11. Fax _____		13. Make payment to <input type="checkbox"/> Attorney <input type="checkbox"/> Firm-ID# _____		
14. Flat Fee – Court Appointed Services							
15. In Court Services						\$	
16. Out of Court Services						\$	
17. Investigator Expenses						\$	
18. Expert Witness Expenses						\$	
19. Other Litigation Expenses						\$	
20. Time Period of Service Rendered: From _____ Date _____ to _____ Date _____							
21. Additional Comments						22. Total Compensation and Expenses Claimed (attach stmt) \$ _____	
23. <input type="checkbox"/> Final Payment Application <input type="checkbox"/> 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: \$ _____	
28. Reason(s) for Denial or Variation: <input type="checkbox"/> Request exceeds flat rate <input type="checkbox"/> Request exceeds hourly rate times hours worked <input type="checkbox"/> Other: _____						29. To Be Added to Court Costs \$ _____ <input type="checkbox"/>	