

ATTORNEY'S CLAIM FOR SERVICE
CAUSE NO(S). _____

THE STATE OF TEXAS)
VS.)
_____) IN THE COUNTY COURT
OF
FRANKLIN COUNTY, TEXAS

I hereby certify that I was appointed by the Court to represent the above named defendant and that representation having been completed, I hereby request payment in the amount of \$_____ for services in the following type case: (Please mark with an X)

___ Guilty Plea/Revocations	\$250	___ Jury Trial	\$350 per day
___ Bench Trial	\$500	___ Appeal	\$750
___ OPC/Protective Order	\$200	___ Atty Pro Tem	\$50 Per hour

NOTE: No payment will be made when a defendant is arrested for the purpose of either an Administrative Hearing or Judicial Review of a probation matter. If a Motion to Revoke is later filed, payment will be made under this schedule.

Signature-Attorney of Record

Please Print Name

ORDER FOR ATTORNEY'S CLAIM FOR SERVICE

The request for payment having been considered by the Court, I find same to be proper in all respects, and is hereby approved in the amount of \$_____, same to be paid by the County of Franklin.

SIGNED AND ENTERED on this the ____ day of _____, 20__.

Franklin County Judge