

ATTORNEY'S CLAIM FOR SERVICE

CAUSE NO(S). _____

THE STATE OF TEXAS
VS.

§
§
§
§

8th JUDICIAL DISTRICT

HOPKINS COUNTY, TEXAS

I hereby certify that I was appointed by the Court to represent the above Defendant and that representation having been completed, I request payment in the amount of \$_____ for services in the following type case (please circle):

Guilty Plea - State Jail	\$ 300.00	Amendments/Modifications	\$ 300.00
Guilty Plea – Felony 1 st	\$ 400.00	Juvenile Case	\$ 300.00
Guilty Plea – Felony 2 nd /3 rd	\$ 350.00	Dismissal (SJ, F3, F2, F1)	\$ _____
Trial - \$500.00/day x ___ days	\$ _____	Shock Probation	\$ 150.00
Revocation Plea	\$ 300.00	Writ of Habeas Corpus	\$ 150.00
(_____) Additional Cases	\$ 50.00	Appeal	\$1,250.00

ADDITIONAL INFORMATION: _____

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 HOPKINS.

SIGNED _____

Judge