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

**§ 18TH DISTRICT COURT**

**§**

**STATE OF TEXAS § 249TH DISTRICT COURT**

**§**

**VS § 413TH DISTRICT COURT**

**§**

**§ OF**

**§**

**§ JOHNSON COUNTY, TEXAS**

**APPLICATION FOR COMPENSATION OF COURT-APPOINTED ATTORNEY TO DEFEND**

**TO HONORABLE JUDGE OF SAID COURT:**

**I hereby certify that I have concluded my representation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Defendant, as**

**his / her court-appointed attorney and request payment as follows:**

**LEVEL OF CASE AND AMOUNT REQUESTED - If Flat Fee AMOUNT TO BE PAID**

**(For Court Use)**

**FELONY: F1 F2 F3 SJF APPEAL MTA/MTR $**

**$650 $450 $450 $350 $2,500 - $4,500 $350**

**MISDEMEANOR: PLEA PLEA & BAR TO FELONY $**

**$300 $200**

**AG / CPS: HEARING MEDIATION TRIAL $**

**ADDITIONAL REQUEST(S) AND JUSTIFICATION(S): $**

**TOTAL $**

**I certify that I have not been paid any compensation on this case from any other source. I am the attorney appointed by the court and have personally performed the work which forms the basis for this request for payment.**

**COURT-APPOINTED ATTORNEY FOR DEFENDANT COURT-APPOINTED ATTORNEY FOR DEFENDANT**

**(PRINTED NAME - Required for Payment) (SIGNATURE)**

**ORDER**

**IT IS HEREBY ORDERED that this attorney be paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as compensation for time,**

**appearances and expenses as court-appointed attorney.**

**DATE PRESIDING JUDGE**

**AUDITOR’S USE ONLY \* ACCOUNT NUMBER \***

**COURT DEPT ACCT**

**18TH 4360 55830 - OTHER (D,G)**

**249TH 4350 55820 - PID**

**413TH 4370**

**0100 - \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_ - AJ**

**DEPT ACCT**