**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**