

COURT: \_\_\_\_\_ CAUSE #(s) \_\_\_\_\_

**MATAGORDA COUNTY  
DISTRICT COURT**

DEFENDANT: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

**FELONY - PRIMA FACIE FEE PAYMENTS**  
**DO NOT USE THIS FORM IF YOU FILE AN ITEMIZED APPLICATION FOR  
PAYMENT OR FOR ANY CAPITAL (DEATH PENALTY ASSESSED) FEES**

On the day below written, the undersigned Attorney at Law, under penalty of perjury, states as follows, to wit:

1. That the attorney has earned the below-requested attorney fee;
2. That the attorney has not received and will not receive any money or other valuable thing for the representation of the above defendant in the cases(s) listed, unless such payment is disclosed in writing to the Judge before whom this application is pending;
3. That no other request for payment for services rendered in the case(s) listed will be submitted by said attorney; and
4. **NO ITEMIZED "ATTORNEY'S FEE/EXPENSE CLAIM AND CERTIFICATION"** will be filed in the case(s) listed.
5. **THIS STATEMENT MUST BE SUBMITTED (A) WITH THE PLEA PAPERS IN PLEA BARGAIN CASES OR WITHIN 10 DAYS OF FINAL JUDGMENT IN JURY TRIAL CASES**

**APPLICATION IS HEREBY MADE FOR THE FOLLOWING ATTORNEY FEE - SUCH APPLICATION BEING PRIMA FACIE  
REASONABLE AND NECESSARY FOR THE ATTORNEY SERVICES RENDERED:**

| COMPENSATION REQUESTED FOR:               | PRIMA<br>FACIE AMT. | ✓ |
|---|---------------------|---|
| <b>GUILTY PLEA OR DISMISSAL</b>           |                     |   |
| Guilty Plea - State Jail Felony           | 600                 |   |
| Guilty Plea - 3 <sup>rd</sup> Degree      | 625                 |   |
| Guilty Plea - 2 <sup>nd</sup> Degree      | 675                 |   |
| Guilty Plea - 1 <sup>st</sup> Degree      | 750                 |   |
| Appointed - Case Never Filed or Dismissed | 250                 |   |
| MRP/MTA Hearing                           | 500                 |   |
| MRP/MTA Plea                              | 300                 |   |
| Open Plea of Guilty to Court              | 250+PFA             |   |
| Court Appearance (Pre-Trial, Status, etc) | 100                 |   |
| Additional Cases Plea or D/M              | 100 x # _____       |   |
| Misdemeanor Cases Dismissed               | 100 x # _____       |   |

| COMPENSATION REQUESTED FOR:                      | PRIMA<br>FACIE AMT. | ✓ |
|--|---------------------|---|
| <b>JURY TRIAL</b>                                |                     |   |
| State Jail or 3 <sup>rd</sup> Degree             | 1,000 + days        |   |
| 2 <sup>nd</sup> Degree or 1 <sup>st</sup> Degree | 2,000 + days        |   |
| Capital  | 3,000 + days        |   |
| Open Guilty Plea to Jury                         | PFA + # days        |   |
| DAYS OF TRIAL                                    | #                   |   |

| COMPENSATION REQUESTED FOR:                      | PRIMA<br>FACIE AMT. | ✓ |
|--|---------------------|---|
| <b>INITIAL APPEAL: JURY TRIAL</b>                |                     |   |
| State Jail or 3 <sup>rd</sup> Degree             | 2,000               |   |
| 2 <sup>nd</sup> Degree or 1 <sup>st</sup> Degree | 3,500               |   |
| Anders Brief                                     | 1,000               |   |

Executed and submitted on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by the undersigned Attorney at Law.

\_\_\_\_\_  
Attorney at Law\_\_\_\_\_  
Mailing Address\_\_\_\_\_  
Bar CardThe Court finds the total sum of \$ \_\_\_\_\_ is a reasonable and necessary attorney's fee and ORDERS it paid: **OR**The Court rejects the requested fee for the following reason(s):  
\_\_\_\_\_.

Entered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUDGE PRESIDING

CAUSE NO: \_\_\_\_\_

THE STATE OF TEXAS

v.

\_\_\_\_\_  
(Defendant)

§  
§  
§  
§  
§

IN THE DISTRICT COURTS OF

MATAGORDA COUNTY, TEXAS

**ORDER TO PAY COURT APPOINTED ATTORNEY**

Be it remembered that after considering the reasonable and necessary overhead costs, the availability of qualified attorneys willing to accept the stated rate, the time and labor reasonably required, the complexity of the case, the experience and ability of counsel, and such other factors as evidenced by the record, file and docket sheet in this case:

- ☐ The Court finds that the Affidavit of Itemized Time, Services and Expenses for Court Appointed Counsel in the above styled and numbered cause is proper and the reasonable and necessary services were certified as performed by counsel in this case. It is therefore ORDERED that the said Court Appointed Counsel named below be, and shall be paid from the General Fund of Matagorda County, Texas, the following amount:

\$ \_\_\_\_\_

☐ Felony    ☐ Misdemeanor    ☐ Juvenile    ☐ Appeal

☐ Capital Case    ☐ No Charges filed (Adult / Juv)

- ☐ The Court, having considered the attached Affidavit of Itemized Time, Services and Expenses for Court Appointed Counsel in the above styled and numbered case finds that the requested amount should be disapproved, and it is hereby disapproved. The Court enters the following written findings:

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Judge Presiding

**Payee Information:**

**Attorney's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Federal Tax ID No:** \_\_\_\_\_

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

THE STATE OF TEXAS

§

IN THE DISTRICT COURTS OF

§

vs.

§

§

\_\_\_\_\_ (Defendant)

§

MATAGORDA COUNTY, TEXAS

**STATEMENT OF ITEMIZED TIME, SERVICES AND EXPENSES**  
**FOR COURT APPOINTED COUNSEL**

Do not include in this document any privileged communication. Billing increments are 0.10 of an hour (*attach additional pages if necessary*).

| Date | Hours | Summary and Description of<br>Services in Chronological Order |
|------|-------|---|
|      |       |   |
|      |       |   |
|      |       |   |
|      |       |   |
|      |       |   |
|      |       |   |
|      |       |   |
|      |       |   |
|      |       |   |
|      |       |   |
|      |       |   |

Total hours \_\_\_\_\_ Expenses \_\_\_\_\_ (*attach receipts for all expenses except phone and copy charges*)

I affirm and hereby represent to the Court that this is a true and correct reflection of my time and services and out of court expenses representing the above-named Defendant.

\_\_\_\_\_  
Signature of Attorney

Date: \_\_\_\_\_