

Court-Appointed Attorney Requisition

____ th District Court ____ CC1 ____ CC2 ____ CC3	Cause Number _____ Defendant's Name _____ Offense: _____ Felony: 1 st ____ 2 nd . ____ 3 rd ____ SJ ____ Misdemeanor: A ____ B ____ Appeal ____																	
Payment Type:		____ MHMAC ____ Interim Payment ____ Final Payment																
Attorney Name (<i>printed</i>) _____ State Bar # _____		Attorney Address (<i>include law firm name</i>) _____ _____ _____	Telephone _____ _____															
Initial Interview Certification: (<i>Date and site are required – no telephone conferences</i>) I <u>personally</u> interviewed the Defendant on _____ (<i>date</i>) at: (<i>check one</i>) ____ the McLennan County Courthouse (<i>on the same date as my appointment as counsel</i>) ____ the McLennan County Jail ____ my office ____ by video conference			Initial Interview Fee Claimed \$ _____															
Services: I am requesting flat fee ____ (<i>default</i>) or itemized ____ payment for the following service(s): <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 50%;"><i>Date</i></th> <th style="text-align: left; width: 50%;"><i>Date</i></th> </tr> </thead> <tbody> <tr> <td>____ Case refused _____</td> <td>____ Competency motion and/or hearing _____</td> </tr> <tr> <td>____ Contested pre-trial motions _____</td> <td>____ Bond review _____</td> </tr> <tr> <td>____ Plea of guilty or no contest _____</td> <td>____ Probation Hearing [MTR/MTA] _____</td> </tr> <tr> <td>____ Case dismissed _____</td> <td>____ Other _____</td> </tr> <tr> <td>____ Trial – (<i>list dates</i>) _____</td> <td></td> </tr> <tr> <td>____ Appeal (<i>must itemize</i>) – (<i>list services/dates</i>) _____</td> <td></td> </tr> </tbody> </table>			<i>Date</i>	<i>Date</i>	____ Case refused _____	____ Competency motion and/or hearing _____	____ Contested pre-trial motions _____	____ Bond review _____	____ Plea of guilty or no contest _____	____ Probation Hearing [MTR/MTA] _____	____ Case dismissed _____	____ Other _____	____ Trial – (<i>list dates</i>) _____		____ Appeal (<i>must itemize</i>) – (<i>list services/dates</i>) _____		Flat Fee Claimed <i>Case Disposition</i> \$ _____	
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____ Appeal (<i>must itemize</i>) – (<i>list services/dates</i>) _____																		
Itemized Requisitions: Itemized requisitions will not be considered unless the attorney submits both this requisition and a complete, itemized statement of time expended, including total "in court" and "out of court" hours.			Itemized Fee Approved <i>Case Disposition</i> \$ _____															
(<i>Enter <u>additions</u> / cases disposed of in this transaction, not including separate counts in one Indictment/Information</i>) <table style="width: 100%; border: none; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><i>Class</i></th> <th style="width: 20%; text-align: center;"><i>Disposition</i></th> </tr> </thead> <tbody> <tr> <td>____ unfiled OR Cause No. _____ Charge: _____</td> <td></td> <td></td> </tr> <tr> <td>____ unfiled OR Cause No. _____ Charge: _____</td> <td></td> <td></td> </tr> <tr> <td>____ unfiled OR Cause No. _____ Charge: _____</td> <td></td> <td></td> </tr> <tr> <td>____ unfiled OR Cause No. _____ Charge: _____</td> <td></td> <td></td> </tr> </tbody> </table>					<i>Class</i>	<i>Disposition</i>	____ unfiled OR Cause No. _____ Charge: _____			____ unfiled OR Cause No. _____ Charge: _____			____ unfiled OR Cause No. _____ Charge: _____			____ unfiled OR Cause No. _____ Charge: _____		
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Attorney Certification: I, the undersigned attorney, certify that I was appointed to the above referenced case, and that the above information is true and correct and in accordance with the laws of the State of Texas. I have provided the McLennan County Auditor with my tax identification information. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel. I have not previously requested payment for an initial interview with this Defendant in any other felony or misdemeanor case.																		
Attorney Signature _____		Date _____																
Signature of Presiding Judge _____		Date _____																
Signature of Presiding Judge _____		Total Fees and Expenses Approved: \$ _____																
Reason(s) for denial or variation: _____ _____																		