

In the County Courts at Law of Montgomery County, Texas

Request for Payment for Services Rendered as Court Appointed Counsel (Set Rates):

Cause No.(s) _____ Court _____

State vs. _____ Offense _____

Daily Assignment Date: _____

In the above numbered and entitled cause(s), I, the undersigned attorney, under penalty of perjury, state as follows:

The defendant has been determined to be indigent and in need of legal services pursuant to Code of Criminal Procedure Chapter 26 and I was duly qualified and appointed by the Court to represent this defendant in this case(s). The order of appointment is attached to this Request for Payment;

All services claimed below were rendered to the defendant in the disposition of this cause, and were reasonable and necessary;

I have not received and will not receive any money or other valuable thing for the representation of the above defendant in the case(s) listed;

No other request for payment for services rendered in the case(s) listed will be submitted by me and no itemized attorney fee claim will be filed in the case(s).

Final Case Disposition: 0 No charges filed		0 Plea		0 Dismissal		0 Trial		0 Appeal		0 Atty Released	
		<i>Fixed Rates:</i>								<i>Fixed Rates:</i>	
\$ _____	Plea/Dismissal	\$ 350		\$ _____	Trial preparation	\$ 500					
\$ _____	Daily Assignment	\$ 200		(paid for cases disposed by trial, or upon good cause)							
\$ _____	Multiple Cases	\$ 50		\$ _____	Bench Trial	\$ 275 per 1/2 a day					
(paid for each additional case)				\$ _____	Jury Trial	\$ 325 per 1/2 a day					
\$ _____	Uncontested competency	\$ 100		\$ _____	Appeal	\$ 1,500					
\$ _____	Evidentiary hearing	\$ 100		\$ _____	Obtaining jail release	\$ 50					
				\$ _____	Expenses authorized by FDA Rules						
				(itemization attached)							

I REQUEST PAYMENT IN THE AMOUNT OF \$ _____ FOR ABOVE SERVICES PROVIDED.

Attorney Signature

Attorney Name (please print)

Subscribed and Sworn to before me this the _____ day of _____, 20____.

Notary Public (Person Authorized to Administer Oaths) Did you receive this appointment on a Daily Assignment? Yes or No
(Must circle one)

COURT'S ORDER FOR PAYMENT OF ATTORNEY FEES

Having reviewed the foregoing request for payment:

_____ Payment is approved and ORDERED in the amount of \$ _____

_____ The requested payment amount is NOT approved and I find: _____

Signed this _____ day of _____, 20____

PAYEE INFORMATION:

Name: _____

Address: _____

Tel. No. _____ Fax No. _____

Bar No. _____ Federal ID No. _____

JUDGE PRESIDING