

In the District Courts of Montgomery County, Texas

Request for Payment for Services Rendered as Court Appointed Counsel:

Cause No.(s) _____ Court _____

State vs. _____ Offense _____

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:(circle one) No charges filed Plea Dismissal Trial Appeal Atty Released

Fixed Rate: State Jail/3rd Degree

Hourly Rate: (itemization attached)

\$ _____ Plea / Dismissal \$ 400

\$ _____

\$ _____ Revoke/Adjudicate \$ 400

Fixed Rate: 2nd /1st Degree

\$ _____ Expert Witness Expenses

\$ _____ Revoke/Adjudicate \$ 400

\$ _____ Investigation Expenses

I REQUEST PAYMENT 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)

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 _____

PAYEE INFORMATION:

Address: _____

Tele. _____ Fax _____

Email _____

State Bar No. _____ Federal ID No. _____

Signed _____, 20____.

JUDGE PRESIDING

DATE OF SERVICE

DESCRIPTION OF SERVICES

TIME RENDERED

DATE OF SERVICE	DESCRIPTION OF SERVICES	TIME RENDERED

DATE OF EXPENSE

DESCRIPTION OF EXPENSE
(MISCELLANEOUS)

AMOUNT

DATE OF EXPENSE	DESCRIPTION OF EXPENSE (MISCELLANEOUS)	AMOUNT

DATE OF EXPENSE

DESCRIPTION OF EXPENSE
(INVESTIGATION)

AMOUNT

DATE OF EXPENSE	DESCRIPTION OF EXPENSE (INVESTIGATION)	AMOUNT

DATE OF EXPENSE

DESCRIPTION OF EXPENSE
(EXPERT WITNESSES)

AMOUNT

DATE OF EXPENSE	DESCRIPTION OF EXPENSE (EXPERT WITNESSES)	AMOUNT