CAUSE NUMBER _____

STATE OF TEXAS	X	IN THE _____ DISTRICT COURT
	X	
VS.	X	OR COUNTY COURT IN AND FOR
	X	
_____	X	_____ COUNTY, TEXAS

AFFIDAVIT OF THE ITEMIZED
TIME AND SERVICES FOR COURT APPOINTED COUNSEL
AND REQUEST FOR COMPENSATION

STATE OF TEXAS X
COUNTY OF _____ X

I, _____
(Print name of Court Appointed Counsel)
State Bar of Texas Number _____, do hereby file this affidavit of the itemized time and services performed in the above numbered and entitled cause(s) of action and do solemnly swear or affirm that the below information is true and correct.

This request for compensation is reasonable and necessary. The following is a true and accurate itemization of the time and services by date, description of service, and actual time expended in rendering such service: (I have attached _____ additional pages which are incorporated herein by reference)

DATE OF SERVICE	DESCRIPTION OF SERVICES	TIME RENDERED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby, having been sworn upon oath, depose, state, and certify that the above information is true and correct.

Witness my hand this the _____ day of _____, 200__.

_____
AFFIANT
Print Name:_____

Subscribed and Sworn to before me this the _____ day of _____, 200__.

_____
NOTARY PUBLIC OR PERSON
AUTHORIZED TO ADMINISTER OATHS
Print Name:_____
Capacity:_____