

CAUSE NO. _____

THE STATE OF TEXAS

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JUDICIAL DISTRICT COURTS

VS.

IN AND FOR

ROCKWALL COUNTY, TEXAS

**CERTIFICATE OF INDIGENT REPRESENTATION
AFFIDAVIT OF COURT APPOINTED ATTORNEY**

THE STATE OF TEXAS
COUNTY OF ROCKWALL

Before me, the undersigned authority, on this day personally appeared _____ who, after being by me duly sworn stated; "That on the _____ day of _____, 20 ____, I was appointed to represent the Defendant in the above referenced cause number. That the legal work for said cause is complete and I request payment in accordance with the laws of the State of Texas and the Rockwall County Indigent Defense plan.

Original Plea (check box of highest original charge filed)

- | | | |
|---|-------|---|
| <input type="checkbox"/> First Degree Felony | \$950 | <input type="checkbox"/> MTR/MTA (Check this box and degree box)* |
| <input type="checkbox"/> Second Degree Felony | \$850 | <input type="checkbox"/> MTR/MTA Hearing(Check this box and degree box)* plus |
| <input type="checkbox"/> Third Degree Felony | \$750 | \$100/hour at _____ hours in hearing |
| <input type="checkbox"/> State Jail Felony | \$700 | <input type="checkbox"/> Open Plea (Check this box and degree box) plus |
| <input type="checkbox"/> _____ additional cases | \$250 | \$100/hour at _____ hours in hearing |
| <input type="checkbox"/> No cases filed/other | \$300 | |

* The Degree sentenced when placed on Community Supervision

☐ Expenses (See attached Exhibit 1 itemizing) \$ _____

Only for Trial or Appeal:

- | | |
|--|-----------------|
| <input type="checkbox"/> Pre-Trial Motions Heard | \$250 |
| <input type="checkbox"/> Pre-Trial Preparation | \$900 |
| <input type="checkbox"/> _____ Full Days | \$1,000 per day |
| <input type="checkbox"/> Half Day | \$500 |
| <input type="checkbox"/> Appeal | \$3,500 |

STATE BAR NO. _____

ATTORNEY _____

SUBSCRIBED AND SWORN TO this _____ day of _____, 20 ____.

DISTRICT JUDGE _____

ORDER

TO THE COMMISSIONER'S COURT
OF ROCKWALL COUNTY, TEXAS

I, the undersigned Judge of the State of Texas, do hereby certify the following:

- That the Defendant in the above cause has on file in this Court affidavits that he/she is indigent and cannot afford counsel;
- That the Attorney shown above has been appointed to represent the Defendant in this case.
- That said Attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from General Fund of Rockwall County, Texas, in the amount shown below.

FEE \$ _____ DATE _____ PRESIDING JUDGE _____

White = Court

Yellow - County Auditor

Pink = Attorney

CAUSE NO. _____

THE STATE OF TEXAS

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§

COUNTY COURT AT LAW # _____

VS.

OF

ROCKWALL COUNTY, TEXAS

**CERTIFICATE OF INDIGENT REPRESENTATION
AFFIDAVIT OF COURT APPOINTED ATTORNEY FOR CRIMINAL CASES**

THE STATE OF TEXAS
COUNTY OF ROCKWALL

Before me, the undersigned authority, on this day personally appeared _____ who, after being by me duly sworn stated; "That on the _____ day of _____, 20 ____, I was appointed to represent the Defendant in the above referenced cause number. That the legal work for said cause is complete and I request payment in accordance with the laws of the State of Texas and the Rockwall County Indigent Defense plan.

Original Plea (check box of highest original charge filed)

- | | | |
|---|-------|---|
| <input type="checkbox"/> DWI | \$500 | <input type="checkbox"/> MTR/MTA (Check this box and category box) |
| <input type="checkbox"/> Non-DWI | \$400 | <input type="checkbox"/> MTR/MTA Hearing (Check this box and category box) plus |
| <input type="checkbox"/> Dismissal | \$175 | \$100/hour at _____ hours in hearing |
| <input type="checkbox"/> Cond. Dism./Not Filed | \$350 | <input type="checkbox"/> Open Plea (Check this box and category box) plus |
| <input type="checkbox"/> Other: _____ | | \$100/hour at _____ hours in hearing |
| <input type="checkbox"/> _____ additional cases | \$150 | |
| | | <input type="checkbox"/> Expenses (See attached Exhibit 1 itemizing) \$ _____ |

Only for Trial or Appeal:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Pre-Trial Motions Heard | \$150/ hour at _____ hours in hearing |
| <input type="checkbox"/> Pre-Trial Preparation | \$800 |
| <input type="checkbox"/> _____ Full Days | \$1,000 per day |
| <input type="checkbox"/> Half Day | \$500 |
| <input type="checkbox"/> Appeal | \$3,500 |

STATE BAR NO. _____

ATTORNEY _____

SUBSCRIBED AND SWORN TO this _____ day of _____, 20 ____.

COUNTY COURT AT LAW

ORDER

TO THE COMMISSIONER'S COURT
OF ROCKWALL COUNTY, TEXAS

I, the undersigned Judge of the State of Texas, do hereby certify the following:

1. That the Defendant in the above cause has on file in this Court affidavits that he/she is indigent and cannot afford counsel;
2. That the Attorney shown above has been appointed to represent the Defendant in this case.
3. That said Attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from General Fund of Rockwall County, Texas, in the amount shown below.

FEE \$ _____ DATE _____ PRESIDING JUDGE _____

White = Court

Yellow - County Auditor

Pink = Attorney