

CAUSE NO. \_\_\_\_\_

STATE OF TEXAS

VS

§  
§  
§  
§  
§  
§  
§

18TH DISTRICT COURT

249TH DISTRICT COURT

OF

SOMERVELL COUNTY, TEXAS

**APPLICATION FOR COMPENSATION OF COURT-APPOINTED ATTORNEY TO DEFEND**

TO HONORABLE JUDGE OF SAID COURT:

I hereby certify that I have concluded my representation of \_\_\_\_\_, Defendant, as his / her court-appointed attorney and request payment as follows:

<u>LEVEL OF CASE AND AMOUNT REQUESTED - If Flat Fee</u>							<u>AMOUNT TO BE PAID</u> (For Court Use)
<u>FELONY:</u>	F1	F2	F3	SJF	APPEAL	MTA/MTR	\$ _____
	\$650	\$450	\$450	\$350	\$2,500 - \$4,500	\$350	
<u>MISDEMEANOR:</u>	PLEA	PLEA & BAR TO FELONY					\$ _____
	\$300	\$200					
<u>AG / CPS:</u>	HEARING	MEDIATION	TRIAL				\$ _____
<u>ADDITIONAL REQUEST(S) AND JUSTIFICATION(S):</u>							\$ _____
_____							
_____							
_____							
_____							
_____							
<b>TOTAL</b>							\$ _____

I certify that I have not been paid any compensation on this case from any other source. I am the attorney appointed by the court and have personally performed the work which forms the basis for this request for payment.

\_\_\_\_\_  
COURT-APPOINTED ATTORNEY FOR DEFENDANT  
(PRINTED NAME - Required for Payment)

\_\_\_\_\_  
COURT-APPOINTED ATTORNEY FOR DEFENDANT  
(SIGNATURE)

**ORDER**

IT IS HEREBY ORDERED that this attorney be paid \$ \_\_\_\_\_, as compensation for time, appearances and expenses as court-appointed attorney.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRESIDING JUDGE