No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \* IN THE

\* (Court)

\*

VS. \* OF

\*

 \* WICHITA COUNTY, TEXAS

**APPLICATION FOR COMPENSATION**

**OF COURT-APPOINTED COUNSEL**

**(HOURLY RATE)**

I was appointed and represented the defendant, child, or parent in this cause. I request reimbursement of reasonable and necessary expense and payment of attorney fees in accordance with the following itemized schedule:

Reasonable and necessary time spent out of court. hrs.

Time spent out of court in pre-trial proceedings in hrs.

which sworn oral testimony was elicited (depositions,

etc.).

Time in court making court appearances other than hrs.

the final hearing or trial

Time spent in final hearing or trial hrs.

Time spent in preparation of an appellate brief hrs.

to the Court of Appeals, Court of Criminal Appeals,

or Texas Supreme Court

Reasonable and necessary expenses incurred with $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

court approval.

I am familiar with the minimum and maximum hourly rates for trial preparation and request to be paid at the rate of $ per hour. Justification for payment in excess of the minimum rate is included in the attached itemized statement.

An itemized statement, detailing the time spent in and out of court and all reasonable expenses incurred is attached hereto as “Exhibit A”. I have not previously received payment for these services.

Submitted this day of , 20 .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Court Appointed Attorney