

**WILLIAMSON COUNTY DISTRICT COURT
COURT APPOINTED ATTORNEY COMPENSATION FORM – FIXED FEE**

Attorney Name:		Last 4 of Fed. ID or SSN	
Firm Name: <i>(if different from Atty Name)</i>		Is firm a corporation	Yes No
Address:		Phone #:	
		Email Address:	

Cause Number _____

The State of Texas vs.		In the		Judicial District
	<i>(Defendant Name)</i>	of Williamson County, Texas		
Case Type:		State Jail Felony or F3 ("C List" Case)	F2 ("B List Case")	F1 ("A" List Case")

Instructions:

- A request for payment for expenses must be accompanied by a copy of Court's authorization for expenses incurred and **detailed invoices**, to include number of hours of time expended (if applicable) and information about services provided.
- Maximum hourly rate for investigators is \$75/hr.; A-List (1st Degree Felony) cases are authorized to expend up to \$750 in investigator expenses at or below the maximum hourly rate without prior approval of the Court. Court approval must be sought in advance for expenditures beyond that amount.

Dates of Service		through	
I request payment of	<i>(total payment requested)</i>		which includes:
Attorney Fees in the amount of:		Expenses in the amount of:	
Representing:		Representing:	
	Flat fee for Disposition of Primary Case State Jail/F3: \$600 per case F2: \$750 per case F1: \$1,000 per case		_____ in Investigator Expenses
	Number of <u>additional cases</u> arising out of same arrest/transaction <i>(=number of additional cases x \$250/case)</i>		_____ in Expert Witness Expenses
	List Cause Number(s) of additional cases:		_____ in Other Litigation Expenses
Yes No	Spanish Speaking Defendant? <i>(if yes, amount =number of cases x \$150/case)</i>		
Yes No	Mental Health Wheel Case? <i>(if yes, amount =total number of cases x \$300/case)</i>		
	Number of Writ Hearings with Witnesses (x \$250/hearing)		
	Number of Days of Evidentiary Pretrial Hearings with Witnesses (x \$300 per ½ day/\$600 per day)		

I, the undersigned attorney, represent and certify to this court that I am an attorney licensed to practice law in the State of Texas, that I was appointed by the Court in this case, that the above information is true and accurate, and that the requested fees comport with the Fair Defense Plan and District Court Fee Schedule.

Date

Attorney Signature

WILLIAMSON COUNTY DISTRICT COURT
COURT APPOINTED ATTORNEY COMPENSATION FORM – FIXED FEE

Cause Number _____

The State of Texas vs.

Defendant Name

Attorney Name: _____

The Court **FINDS** that the amounts detailed below reflect reasonable and necessary fees to the disposition of the case and further **FINDS** that the fees may be paid by the Williamson County Auditor's Office. It is the finding of the Court that any amount requested which has not been authorized to be paid exceeds the amount of fees and expenses that are reasonable and necessary, and as such is not in conformity with the Fair Defense Plan of Williamson County, Texas.

The Court **APPROVES** payment for the above cause in the amount of:

\$ _____ Attorney Fees (Budget Line Item: 01-0100-0435-004132)

\$ _____ Expenses (Budget Line Item: 01-0100-0435-004121)

Date: _____

Judge Presiding