

CAUSE # _____

STATE OF TEXAS

§

IN THE DISTRICT COURT

VS.

§

_____ JUDICIAL DISTRICT

§

_____ COUNTY, TEXAS

REQUEST FOR ATTORNEY FEES

Section I: (Complete Section I only if requesting a flat fee):

<u>Service Provided</u>	<u>Date Service Provided</u>	<u>Service Provided</u>	<u>Date Service Provided</u>
Conferring with Client, including advising client about documents for a plea.	_____	Appearances in Court for Pretrials (as shown on docket)	_____
Conferring with District Attorney or witnesses, or reviewing Evidence	_____	Appearances in Court when oral, sworn testimony was elicited	_____
Appearances in Trial, including for plea.	_____	Other Services Provided	_____

Section II: (Complete Section II only if requesting a fee based on an hourly rate):

Attached is documentation showing the specific work performed in this case. (If completing Section II, the attorney must attach a statement of services showing the time spent, in 6 minute increments (1/10th of an hour), for each service and the rate charged for such time. Include only time spent (1) in Court on behalf of the Defendant, (2) for reasonable and necessary work out of court. Give details of the services performed and attach any supporting documentation for trial and any post-trial proceedings in the trial court (including filing and presenting a Motion for New Trial).

ATTORNEY CERTIFICATION

I certify that (1) I meet all Standards of Eligibility for appointment as an attorney under this Court's Indigent Defense Policy, (2) I have attended sufficient continuing legal education programs to maintain my eligibility for appointment under that Policy, and (3) I completed the work described above or on the attached documents. Based upon the SCHEDULE OF FEES adopted by the Court and the time and labor required, the complexity of the case and my experience and abilities, I request (check one or the other box but not both):

FIXED FEES(Complete Section I) in the amount of \$_____

OR

HOURLY RATES (Complete Section II) in the amount of \$_____.

Date Signed: _____

(Attorney's Signature)

Printed Name: _____

ORDER

The above request for fees is approved and that amount shall be paid from the General Fund of this County and shall be included as costs of court.

The above fee request is denied for the following reasons, but the above attorney shall be paid \$_____ from the General Fund of this County and such amount shall be included as costs of court.

DATE SIGNED

JUDGE PRESIDING

Case #: _____

State v. _____

Time Sheet for Services Rendered

Date Service Rendered	Description of Services	Time Spent	Hourly Rate Claimed	Amount Claimed for this Service

Total Fee Claimed: \$ _____