

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282nd Judicial DISTRICT COURT _____
VS. _____ § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: _____ Partial/Supplemental Payment Request: YES / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____
OFFENSE: _____ CASE NO.: _____ GRADE: _____ AUDIT NO.: _____

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW **ONLY IF** THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. LAWYERS CAN BE PAID UNDER SECTION "A" OR SECTION "B," BUT NOT BOTH.

This case has been finally disposed of in the following manner (circle one):

DISMISSAL -- AGREED PLEA -- OPEN PLEA -- JURY TRIAL -- TBC -- REVOCATION HEARING -- COMPETENCY HEARING

- A. I request standard compensation for this case as follows (check one):
 - PROBATION VIOLATION.....\$300 STATE JAIL/3RD DEGREE FELONY.....\$500
 - 2ND DEGREE FELONY.....\$600 1ST DEGREE FELONY/MINI-CAP.....\$700
 - CONTESTED TRIAL\$800 (Full day)..... \$400 (Half day)
 - COMPETENCY HEARING.....\$700 (Contested).... \$400 (Agreed)
- B. In lieu of the flat fee, I am requesting compensation (at the rate of \$100 per hour) in the amount of \$ _____ for services performed. I must attach a detailed list of the legal services provided.
- C. Death Penalty Case. I request compensation at the rate of \$150.00 per hour in the amount of \$ _____ for services performed and/or \$ _____ for voir dire and each day of trial as listed on the attached detailed list of legal services provided.
- D. Appeal. I request compensation (at the rate of \$100 per hour) in the amount of \$ _____ for services performed as listed on the attached detailed list of legal services provided.
- E. Writ. I request compensation (at the rate of \$100 per hour) in the amount of \$ _____ for services performed as listed on the attached detailed list of legal services provided.
- F. I request payment for expert witness/investigator expenses in the amount of \$ _____ for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: \$ _____ COURT APPROVED AMOUNT: \$ _____

AFFIRMATION

I, the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____, Attorney at Law. Date: _____

ATTORNEY INFORMATION (Print): _____ (For Auditor Use Vendor I.D. _____)

Name _____ State Bar No. _____

Mailing Address: _____
Number Street Suite City State Zip

Telephone: _____ Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:
I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

Date Judge

Reason for Denial or variation: Request exceeds flat rate. Request exceeds hourly rate. Other, see attached.