

Court-Appointed Attorney Requisition

___ 19 TH ___ 54 TH ___ CCL 1 ___ CCL 2	Cause Number _____ Defendant's Name _____ Offense: _____ Felony: ___ 1 st ___ 2 nd ___ 3 rd ___ SJ Misdemeanor: ___ A ___ B Appeal _____.		
Attorney Name <i>(printed)</i>	Attorney Address <i>(include law firm name)</i>		Telephone
State Bar #			
Initial Interview Certification: <i>(Date and site are required – no telephone conferences)</i> I <u>personally</u> interviewed the Defendant on _____ <i>(date)</i> at: <i>(check one)</i> ___ the McLennan County Courthouse <i>(on the same date as my appointment as counsel)</i> ___ the McLennan County Jail ___ my office ___ by video conference			Initial Interview Fee Claimed \$
Services: I am requesting flat fee ___ <i>(default)</i> or itemized ___ payment for the following service(s): <div style="display: flex; justify-content: space-between;"> <i>date</i> <i>date</i> </div> ___ Case refused or dismissed _____ ___ Competency motion and/or hearing _____ ___ Contested pre-trial motions _____ ___ Family violence bond review _____ ___ Plea of guilty or no contest _____ ___ Probation Hearing [MTR] _____ ___ Case dismissed <i>(at or following final announcement docket call)</i> _____ ___ Trial – <i>(list dates)</i> _____ ___ Appeal <i>(must itemize) – (list services/dates)</i> _____			Flat Fee Claimed <i>Case Disposition</i> \$
Itemized Requisitions: Itemized requisitions will not be considered unless the attorney submits both this requisition and a complete, itemized statement of time expended, including total "in court" and "out of court" hours.			Itemized Fee Approved <i>Case Disposition</i> \$
<i>(Enter <u>additional</u> cases disposed of in this transaction, not including separate counts in one Indictment/Information)</i>			
Cause No. _____	Charge: _____	<i>Fel./Misd.</i>	<i>Class</i>
Cause No. _____	Charge: _____	_____	_____
Cause No. _____	Charge: _____	_____	_____
Cause No. _____	Charge: _____	_____	_____
Attorney Certification: I, the undersigned attorney, certify that the above information is true and correct and in accordance with the laws of the State of Texas. I have provided the McLennan County Auditor with my tax identification information. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel. I have not previously requested payment for an initial interview with this Defendant in any other felony or misdemeanor case.			
_____ Signature		_____ Date Submitted by Attorney	
Signature Of Presiding Judge		Date	Total Fees and Expenses Approved: \$
Reason(s) for denial or variation:			
CERTIFICATION OF CLERK OF COURT: I certify that in connection with the above causes or matters, the Defendant qualifies under Art. 26.04, CCP, for the benefits of a court appointed attorney.			
_____, Clerk of Court			