

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 (printed)	Attorney Address (include law firm name)		Telephone
State Bar #			
Initial Interview Certification: (The date and the site of the initial interview are required) I personally interviewed the Defendant on _____ (date) at: (check one) ___ the McLennan County Courthouse (on the same date as my appointment) ___ the McLennan County Jail ___ my office ___ by video conference			Initial Interview Fee Claimed \$ _____
Services: I am requesting flat fee ___ (default) or itemized ___ payment for the following service(s): <div style="display: flex; justify-content: space-between;"> _____ date _____ date </div> ___ Case refused or dismissed _____ ___ Competency motion and/or hearing _____ ___ Contested pre-trial motions _____ ___ Writ of Habeas Corpus _____ ___ Plea of guilty or no contest _____ ___ Probation Hearing _____ ___ Case dismissed (at or following final announcement docket call) _____ ___ Trial - (list dates) _____ ___ Appeal (must itemize) - (list services/dates) _____			Flat Fee Claimed Case Disposition \$ _____
Itemized Requisitions: Itemized requisitions will not be considered unless the attorney submits both this requisition and a complete, itemized statement of time expended to the appropriate Judge, in person.			Itemized Fee Approved Case Disposition \$ _____
(Enter <u>additional</u> cases disposed of in this transaction, not including separate counts in one indictment/information)			
Cause No. _____	Charge: _____	Fel./Misd.	Class
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