

Investigator and Expert Witness Requisition

54th District Court Of McLennan County	CAUSE NUMBER _____ DEFENDANT _____ OFFENSE _____	
Case level: ____ 1 ST Degree ____ 2 ND Degree ____ 3 RD Degree ____ State Jail ____ Appeal ____ Capital		
Attorney (Full Name—printed)	Attorney Address (Include Law Firm Name if Applicable)	Telephone
State Bar Number	Tax ID #	
Investigator		Total Investigator Expenses
Name		
Name of Agency	Address	Hours & Dates
SSN# or Tax ID Number	License #	
Signature	Date	
Expert Witness		Total Expert Witness Expenses
Name		
Name of Agency	Address	Hours & Dates
SSN# or Tax ID Number	License #	
Signature	Date	
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. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel.		
_____ Signature	_____ Date Submitted by Attorney	
SIGNATURE OF PRESIDING JUDGE and 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		

Effective NOVEMBER 1, 2009