

Court-Appointed Attorney Requisition (Felony)

___ 19 TH ___ 54 TH ___ 74 TH	Cause Number _____ Defendant's Name _____ Offense: _____ Felony: 1 st ___ 2 nd ___ 3 rd ___ SJ ___ Appeal ____		
Attorney Name (printed) _____ State Bar # _____		Attorney Address (include law firm name) _____ _____ _____	Telephone _____ _____
Initial Interview Certification: (Date and site are required – no telephone conferences) I personally interviewed the Defendant on _____ (date) at: (check one) ___ the McLennan County Courthouse (on the same date as my appointment as counsel) ___ 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 _____ Competency motion and/or hearing _____ ___ Contested pre-trial motions _____ Bond review _____ ___ Plea of guilty or no contest _____ Probation Hearing [MTR/MTA] _____ ___ Case dismissed _____ ___ 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, including total "in court" and "out of court" hours.			Itemized Fee Approved Case Disposition \$ _____
(Enter <u>additional</u> cases disposed of in this transaction, not including separate counts in one Indictment/Information)			
		<i>Class</i>	<i>Disposition</i>
___ unfiled OR Cause No. _____		Charge: _____	_____
___ unfiled OR Cause No. _____		Charge: _____	_____
___ unfiled OR Cause No. _____		Charge: _____	_____
___ unfiled OR 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, CCrP, for the benefits of a court appointed attorney.			
			_____, Clerk of Court