

Webb County Request for Payment of Attorney Fees

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> County Court at Law Court # _____		2. County _____		3. Cause Number Offense _____ _____		4. Proceedings <input type="checkbox"/> Trial-Jury <input type="checkbox"/> Trial-Court <input type="checkbox"/> Plea-Open <input type="checkbox"/> Plea- Bargain <input type="checkbox"/> Other _____	
5. In the case of: State of Texas v _____							
6. Case Level <input type="checkbox"/> Felony 1 <input type="checkbox"/> Felony 2 <input type="checkbox"/> Felony3 <input type="checkbox"/> Felony 3g <input type="checkbox"/> State Jail Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <input type="checkbox"/> Appeal <input type="checkbox"/> Capital Case <input type="checkbox"/> Revocation – Felony <input type="checkbox"/> Revocation – Misdemeanor <input type="checkbox"/> No Charges Filed <input type="checkbox"/> Other _____							
7. Attorney (Full Name)			9. Attorney Address (Include Law Firm Name if Applicable)		10. Telephone		
8. State Bar Number		8a. Tax ID Number		11. Fax			
12. Flat Fee – Court Appointed Services						12a. Total Flat Fee \$ _____	
13.	In Court Services		Hours	Dates	13a. Total In Court Compensation. \$ _____		
	Rate per Hour =		Total hours				
14.	Out of Court Services		Hours	Dates	14a. Total Out of Court Compensation. \$ _____		
	Rate per Hour =		Total hours				
15.	Investigator			Amount	15a. Total Investigator Expenses \$ _____		
16.	Expert Witness			Amount	16a. Total Expert Witness Expenses \$ _____		
17.	Other Litigation Expenses			Amount	17a. Total Other Litigation Expenses \$ _____		
18. Time Period of service Rendered: From _____ to _____ <div style="text-align: center;">Date Date</div>							
19. Additional Comments						20. Total Compensation and Expenses Claimed \$ _____	
21. 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. <input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment _____ <div style="text-align: center;">Signature Date</div>							
22. SIGNATURE OF PRESIDING JUDGE:						Amount Approved:	
Reason(s) for Denial or Variation							
23. APPROVAL FOR PAYMENT		Auditor's Signature		Date		G/L Account No.	