

NO. _____

THE STATE OF TEXAS § IN THE _____

VS. § OF _____

_____ § LUBBOCK COUNTY, TEXAS

OTHER COURTS AND CAUSE Cause No. _____ Court _____
NUMBERS SUBMITTED, Cause No. _____ Court _____
IF ANY: Cause No. _____ Court _____

REQUEST AND ORDER TO PAY COUNSEL

Important: Failure to comply with the following may result in your removal from the appointment list.

Partial hours must be billed in no more than one-tenth (.10) hour increments.

If you are requesting payment for a number of hours instead of a flat fee, you must attach documentation supporting the number of hours claimed (Itemized Statement Form).

If you are requesting payment for defendant with multiple cases, you shall submit only one request for payment. If defendant has both felony and misdemeanor cases, you shall submit your request for payment to the District Court. All time for all cases should be included in one request for payment. Please list all cause numbers in the space provided for such.

NAME OF ATTORNEY (Please Print or Type): _____

FEE CLAIMED FOR:	HOURS	and/or	DATE(S)
GUILTY PLEA.....	_____		_____
JURY TRIAL	_____		_____
NON-JURY TRIAL	_____		_____
NON-JURY HEARING.....	_____		_____
APPEAL.....	_____		_____
OUT OF COURT (Please explain).....	_____		_____
TOTAL HOURS AND/OR DAYS	_____		_____

EXPENSES (NOTE: THE LAW REQUIRES PRIOR APPROVAL OF EXPENSES FOR INVESTIGATION AND/OR EXPERT TESTIMONY)

INVESTIGATION	AMT. REQUESTED \$ _____	APPROVED \$ _____
EXPERT TESTIMONY	AMT. REQUESTED \$ _____	APPROVED \$ _____
EXPENSES	AMT. REQUESTED \$ _____	APPROVED \$ _____

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney Date

ORDER TO PAY: **TOTAL AMOUNT TO BE PAID:**

JUDGE PRESIDING \$ _____
DATE _____