

Cause No. \_\_\_\_\_

In the 36<sup>th</sup>/156<sup>th</sup>/343<sup>rd</sup> District Court (circle one)

vs. \_\_\_\_\_

**Motion & Order for Court Appointed Fees**

Having been appointed as the \_\_\_\_\_ to represent  
\_\_\_\_\_ or to mediate the above case. I am requesting  
compensation and reimbursement of expenses incurred as set out below from  
\_\_\_\_\_ (state which County or party/parties are to pay).

Type of case: \_\_\_ Felony ( \_\_\_ Degree of Felony or \_\_\_ MTR)  
\_\_\_ Civil \_\_\_ CPS \_\_\_ AG \_\_\_ Appeal \_\_\_ Mediation

**I hereby certify:**

- I am currently authorized to practice law in the State of Texas;
- No one else has been or will be billed for the time claimed herein;
- I have not been paid for these services nor received promise of payment for these services from anyone else;
- Court Appointed counsel may elect a flat fee for the following:  
\$500 for Motions to Revoke/Adjudicate;  
\$750 for State Jail and Third Degree Felonies;  
\$1500 for Second and First Degree Felonies
- Unless a flat fee is requested; a summary of my time and expenses are below and attached is a detailed statement
- These hours and expenses are reasonable and were necessary in my representation.

FLAT FEE REQUESTED: \_\_\_\_\_

IN COURT hours: \_\_\_\_\_ OUT OF COURT hours: \_\_\_\_\_

EXPENSES (itemized list attached) \$ \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

**ORDER**

Payment is hereby authorized in the amount of: FLAT FEE OF \$ \_\_\_\_\_  
OR at the rate of:

IN COURT hours @ \$ \_\_\_\_\_/hr OUT OF COURT hours @ \$ \_\_\_\_\_/hr

Expenses: \$ \_\_\_\_\_

\_\_\_\_\_  
Judge Presiding

Date: \_\_\_\_\_