

Court-Appointed Attorney Requisition (Misdemeanor)

____ CCL 1 ____ CCL 2 Class: ____ A ____ B ____ Appeal	Cause Number _____ Defendant's Name _____ Offense(s): _____		
Attorney Name (<i>printed</i>)	Attorney Address (<i>include law firm name</i>)		Telephone
State Bar #			
Initial Interview Certification: (<i>Date and site are required – no telephone conferences</i>) I <u>did not</u> represent this Defendant as appointed counsel on any felony cases during the time I was appointed in this case. I personally interviewed the Defendant on _____ (<i>date</i>) at: (<i>check one</i>) ____ the McLennan County Courthouse (<i>on the same date as my appointment as counsel</i>) ____ the McLennan County Jail ____ my office ____ by video conference			Initial Interview Fee Claimed \$ _____ Or ____ claimed on felony
Services: I am requesting flat fee ____ (<i>default</i>) or itemized ____ payment for the following service(s): <div style="display: flex; justify-content: space-between;"> <i>date</i> <i>date</i> </div> ____ Case refused or dismissed _____ ____ Comp. motion and/or hearing _____ ____ PTIP – accepted _____ ____ Probation Hearing [MTR/MTA] _____ ____ Plea of guilty or no contest _____ ____ Trial – (<i>list dates</i>) _____ ____ Case dismissed (<i>at or following final Pre-trial</i>) _____ ____ Plea of G/NC (<i>PTIP unsuccessful</i>) [<i>deduct \$100 from total</i>] _____ ____ Appeal (<i>must itemize, attach copy of brief, list services/dates</i>) _____			Flat Fee Claimed <i>Case Disposition</i> \$ _____
Itemized Requisitions: <i>In Court Total</i> _____ <i>Out of Court Total</i> _____ 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 <i>Case Disposition</i> \$ _____
<i>(Other cases disposed of in this transaction, excluding additional counts in this cause)</i>			
	<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. If I am requesting payment for the initial interview herein, I have not requested payment for an initial interview with this Defendant in any other felony or misdemeanor case.			
_____ Defense Attorney 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			