

Investigator and Expert Witness Requisition

<input type="checkbox"/> 19 th District Court <input type="checkbox"/> 54 th District Court <input type="checkbox"/> County Court at Law <input type="checkbox"/> County Court at Law No. 2	CAUSE NUMBER _____ DEFENDANT _____ OFFENSE _____ CID# _____ SID# _____
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Case level:

Felony: ___ 1st Degree ___ 2nd Degree ___ 3rd Degree ___ State Jail ___ Appeal ___ Capital
 Misdemeanor: ___ Class A ___ Class B ___ Appeal

Attorney Name <i>(printed)</i>		Attorney Address <i>(include law firm name)</i>	Telephone
State Bar Number	Tax ID #		

Investigator			Total Investigator Expenses Claimed
Name			
Name of Agency	Address	Hours & Dates	
SSN# or Tax ID Number	License #	\$	
Signature	Date		

Expert Witness			Total Expert Witness Expenses Claimed
Name			
Name of Agency	Address	Hours & Dates	
SSN# or Tax ID Number	License #	\$	
Signature	Date		

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.

Signature _____ Date Submitted by Attorney _____

Presiding Judge <i>(signature)</i>	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, CCP, for the benefits of a court appointed attorney.

_____, Clerk of Court