

**WILLIAMSON COUNTY DISTRICT COURT
COURT APPOINTED ATTORNEY COMPENSATION FORM – HOURLY FEE –APPELLATE CASE**

Attorney Name:		Last 4 of Fed. ID or SSN	
Firm Name: <i>(if different from Atty Name)</i>		Is firm a corporation	Yes No
Address:		Phone #:	
		Email Address:	

Cause Number _____

The State of Texas vs.		In the		Judicial District
	<i>(Defendant Name)</i>	of Williamson County, Texas		

Instructions/Notes:

- When submitting Hourly Fee Compensation Form, attorney **must attach detailed invoices**, to include number of hours of time expended, general description of services provided, & a copy of Court’s authorization if total request exceeds cap.
- A request for payment for expenses must be accompanied by a copy of Court’s authorization for expenses incurred and **detailed invoices**, to include number of hours of time expended (if applicable) and information about services provided.

Dates of Service		through	
I request payment of		<i>(total payment requested)</i>	which includes:
Attorney Fees in the amount of:		Expenses in the amount of:	
Representing:		Representing:	
#	Amount		
	Hours of work at \$155/hr. cap of \$5,500 per case.	_____ in Other Litigation Expenses <i>Expenses in other categories (i.e. investigator) may be authorized by the court on a case-by-case basis.</i>	

I, the undersigned attorney, represent and certify to this court that I am an attorney licensed to practice law in the State of Texas, that I was appointed by the Court in this case, that the above information is true and accurate, and that the requested fees comport with the Fair Defense Plan and District Court Fee Schedule.

Date

Attorney Signature

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COURT APPOINTED ATTORNEY COMPENSATION FORM – HOURLY FEE –APPELLATE CASE**

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The State of Texas vs.

Defendant Name

Attorney Name: _____

The Court **FINDS** that the amounts detailed below reflect reasonable and necessary fees to the disposition of the case and further **FINDS** that the fees may be paid by the Williamson County Auditor's Office. It is the finding of the Court that any amount requested which has not been authorized to be paid exceeds the amount of fees and expenses that are reasonable and necessary, and as such is not in conformity with the Fair Defense Plan of Williamson County, Texas.

The Court **APPROVES** payment for the above cause in the amount of:

\$ _____ Attorney Fees (Budget Line Item: 01-0100-0435-004132)

\$ _____ Expenses (Budget Line Item: 01-0100-0435-004121)

Date: _____

Judge Presiding