

**WILLIAMSON COUNTY DISTRICT COURT  
COURT APPOINTED ATTORNEY COMPENSATION FORM – FIXED FEE**

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

Cause Number \_\_\_\_\_

<b>The State of Texas vs.</b>		<b>In the</b>		<b>Judicial District</b>
	<i>(Defendant Name)</i>	<b>of Williamson County, Texas</b>		
<b>Case Type:</b>	State Jail Felony or F3 ("C List" Case)	F2 ("B List Case")	F1 ("A" List Case")	

**Instructions:**

- 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.
- Maximum hourly rate for investigators is \$75/hr.; A-List (1<sup>st</sup> Degree Felony) cases are authorized to expend up to \$750 in investigator expenses at or below the maximum hourly rate without prior approval of the Court. Court approval must be sought in advance for expenditures beyond that amount.

<b>Dates of Service</b>		<b>through</b>	
<b>I request payment of</b>		<i>(total payment requested)</i>	<b>which includes:</b>
<b>Attorney Fees in the amount of:</b>		<b>Expenses in the amount of:</b>	
<b>Representing:</b>	<b>Amount</b>	Representing:	
Flat fee for Disposition of Primary Case State Jail/F3: \$600 per case F2: \$750 per case F1: \$1,000 per case		_____	in Investigator Expenses
Number of <i>additional cases</i> arising out of same arrest/transaction <i>(=number of additional cases x\$250/case)</i>		_____	in Expert Witness Expenses
List Cause Number(s) of additional cases:		_____	in Other Litigation Expenses
Yes No	Spanish Speaking Defendant? <i>(if yes, amount =number of cases x\$150/case)</i>		
Yes No	Mental Health Wheel Case? <i>(if yes, amount =total number of cases x \$300/case)</i>		
	Number of Writ Hearings with Witnesses (x \$250/hearing)		
	Number of Days of Evidentiary Pretrial Hearings with Witnesses (x \$300 per 1/2 day/\$600 per day)		

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 – FIXED FEE**

Cause Number \_\_\_\_\_

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