

**WILLIAMSON COUNTY DISTRICT COURT
COURT APPOINTED ATTORNEY COMPENSATION FORM – HOURLY FEE – TRIAL DISPOSITION**

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		
Case Type:	State Jail Felony or F3 ("C List" Case)	F2 ("B List Case")	F1 ("A" List Case")	Capital Case
Role:	First Chair/Co Counsel		Second Chair	

Instructions/Notes:

- When submitting Hourly Fee Compensation Form, attorney **must attach detailed invoices**, to include number of hours of time expended and general description of services provided.
- 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 (1st 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.

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:	Amount	Representing:	
Number of Trial Days <i>First Chair/Co Counsel:</i> \$1,200 per day, \$600 per ½ day <i>Second Chair:</i> \$600 per day, \$300 per ½ day		_____ in Investigator Expenses _____ in Expert Witness Expenses _____ in Other Litigation Expenses	
Trial Prep Hours at: <i>First Chair/Co Counsel:</i> F2 and below: \$125/hr. F1: \$155/hr. Capital: \$197/hr. <i>Second Chair:</i> F2 and below: \$100/hr. F1: \$125/hr. Capital: \$150/hr.			

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

**WILLIAMSON COUNTY DISTRICT COURT
COURT APPOINTED ATTORNEY COMPENSATION FORM – HOURLY FEE – TRIAL DISPOSITION**

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