Print Form

Webb County Request for Payment of Attorney Fees

1. Jurisdiction	2. County	3. Cause Number / Offense	4. Proceedings
☐ District ☐ County ☐ County Court at Law Court #_____		_____ _____ _____ _____ _____ _____	☐ Trial-Jury ☐ Trial-Court ☐ Plea-Open ☐ Plea- Bargain ☐ Other _____

5. In the case of:
State of Texas v _____

6. Case Level
☐ Felony 1 ☐ Felony 2 ☐ Felony3 ☐ Felony 3g ☐ State Jail Felony ☐ Misdemeanor ☐ Juvenile ☐ Appeal ☐ Capital Case

☐ Revocation – Felony ☐ Revocation – Misdemeanor ☐ No Charges Filed ☐ Other _____

7. Attorney (Full Name)	9. Attorney Address (Include Law Firm Name if Applicable)	10. Telephone
8. State Bar Number / 8a. Tax ID Number		11. Fax

12. Flat Fee – Court Appointed Services				12a. Total Flat Fee
				$

13.	**In Court Services**		Hours	Dates	13a. Total In Court Compensation.
	Rate per Hour =	Total hours			$

14.	**Out of Court Services**		Hours	Dates	14a. Total Out of Court Compensation.
	Rate per Hour =	Total hours			$

15.	**Investigator**	Amount	15a. Total Investigator Expenses $

16.	**Expert Witness**	Amount	16a. Total Expert Witness Expenses $
	`		

17.	**Other Litigation Expenses**	Amount	17a. Total Other Litigation Expenses $

18. **Time Period of service Rendered:** From _____ (Date) to _____ (Date)

19. **Additional Comments**	20. Total Compensation and Expenses Claimed

21. 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.

☐ Final Payment ☐ Partial Payment _____
Signature Date

22. SIGNATURE OF PRESIDING JUDGE:	Amount Approved:

Reason(s) for Denial or Variation

23.APPROVAL FOR PAYMENT Auditor's Signature Date G/L Account No.