

COURT: _____ CAUSE #(s) _____

**MATAGORDA COUNTY
DISTRICT COURT**

DEFENDANT: _____

DATE SUBMITTED: _____

**DO NOT USE THIS FORM IF YOU FILE AN ITEMIZED APPLICATION FOR
PAYMENT OR FOR ANY CAPITAL (DEATH PENALTY ASSESSED) FEES**

On the day below written, the undersigned Attorney at Law, under penalty of perjury, states as follows, to wit:

1. That the attorney has earned the below-requested attorney fee;
2. That the attorney has not received and will not receive any money or other valuable thing for the representation of the above defendant in the cases(s) listed, unless such payment is disclosed in writing to the Judge before whom this application is pending;
3. That no other request for payment for services rendered in the case(s) listed will be submitted by said attorney; and
4. **NO ITEMIZED "ATTORNEY'S FEE/EXPENSE CLAIM AND CERTIFICATION"** will be filed in the case(s) listed.
5. **THIS STATEMENT MUST BE SUBMITTED (A) WITH THE PLEA PAPERS IN PLEA BARGAIN CASES OR WITHIN 10 DAYS OF FINAL JUDGMENT IN JURY TRIAL CASES**

**APPLICATION IS HEREBY MADE FOR THE FOLLOWING ATTORNEY FEE - SUCH APPLICATION BEING PRIMA FACIE
REASONABLE AND NECESSARY FOR THE ATTORNEY SERVICES RENDERED:**

COMPENSATION REQUESTED FOR:	PRIMA FACIE AMT.	✓
GUILTY PLEA OR DISMISSAL		
Guilty Plea - State Jail Felony	400	
Guilty Plea - 3 rd Degree	400	
Guilty Plea - 2 nd Degree	450	
Guilty Plea - 1 st Degree	550	
Appointed to Case - Case Never Filed	250	
MRP/MTA Hearing	500	
MRP/MTA Plea	300	
Case Dismissed	250	
OPEN Plea of Guilty to Court	250+PFA	
Multiple Cases - # of Add'l Cases Pleaded or D/M	100 x # _____	

COMPENSATION REQUESTED FOR:	PRIMA FACIE AMT.	✓
JURY TRIAL		
State Jail or 3 rd Degree	750+days	
2 nd Degree or 1 st Degree	1000+days	
Open Guilty Plea to Jury	PleaPFA+days	
DAYS OF TRIAL	#	

COMPENSATION REQUESTED FOR:	PRIMA FACIE AMT.	✓
INITIAL APPEAL: JURY TRIAL		
State Jail or 3 rd Degree	1800	
2 nd Degree or 1 st Degree	2500	
Anders Brief	750	

Executed and submitted on this the _____ day of _____, 20_____, by the undersigned Attorney at Law.

Attorney at Law

Mailing Address

Bar Card

The Court finds the total sum of \$ _____ is a reasonable and necessary attorney's fee and ORDERS it paid: **OR**

The Court rejects the requested fee for the following reason(s):

_____.

Entered this _____ day of _____, 20____.

JUDGE PRESIDING

CAUSE NO. _____

THE STATE OF TEXAS

vs.

_____ (Defendant)

§ IN THE DISTRICT COURTS OF
§
§
§
§ MATAGORDA COUNTY, TEXAS

STATEMENT OF ITEMIZED TIME, SERVICES AND EXPENSES
FOR COURT APPOINTED COUNSEL

Do not include in this document any privileged communication. Billing increments are 0.10 of an hour (*attach additional pages if necessary*).

Date	Hours	Summary and Description of Services in Chronological Order

Total hours _____ Expenses _____ (*attach receipts for all expenses except phone and copy charges*)

I affirm and hereby represent to the Court that this is a true and correct reflection of my time and services and out of court expenses representing the above-named Defendant.

Signature of Attorney

Date: _____