

ATTORNEY PAY SHEET

Billing Code: 5-01-150-726

THE STATE OF TEXAS
 VS.

Date Appointed: _____

Disposition Date: _____

DEFENDANT

Offense(s)

Cause No(s)

1	Criminal Case Disposition Fee: <i>(For undertaking and completing case assignment from initial client contact through appeal as required by Senate Bill No. 7)</i>	\$100.00
2	In Court: _____ hours @ \$80.00 per hour <i>(See time record on reverse side or attached)</i>	
3	Out of Court: _____ hours @ \$60.00 per hour <i>(See time record on reverse side or attached)</i>	
4	Appeal: _____ hours @ \$50.00 per hour <i>(See time record attached)</i>	
5	Expenses: <i>Copy of receipts must be attached</i>	

Attorney Affirmation

I am appointed to represent the above named defendant and I am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness of the above listed services performed, time expended, and expenses incurred, and I have not received nor will I receive any other monies or anything else of value for said services and expenses.

_____ (signature)

_____ (print name)

GRAND TOTAL

Judicial Certification

I certify that the foregoing attorney has been appointed to represent the defendant in the above offense(s), and that said attorney is entitled under Art. 26, Texas Code of Criminal Procedure, to be paid from the General Fund of Ellis County, Texas, for services performed, time expended, and expenses incurred in the amount shown above.

 Judge Presiding, County Court At Law No. 2

Reasons for Denial or Deviation:

