No._____

THE STATE OF TEXAS	)(	IN THE **85TH** / **272ND** / **361ST** DISTRICT
	)(	COUNTY COURT-AT-LAW **NO. 1** / **NO. 2**
VS.	)(	OF
_____	)(	BRAZOS COUNTY, TEXAS

MOTION FOR COURT APPOINTED ATTORNEY'S FEES / APPROVAL

The undersigned was appointed by the Court in the above entitled and captioned cause and requests the following compensation and reimbursement for expenses incurred on behalf of the defendant/respondent:

Check the case type below (For multiple cases, write the number of cases for each type)

Adult Criminal Case	Juvenile Case	Civil Case
____ Misdemeanor *(A4)*	____ Adj/Disp/Cert Hearing/Trial *(J3)*	____ CPS *(C9)*
____ Felony *(A3)*	____ Appeal (to Court of Appeals) *(J2)*	____ Child Support Enforce *(C9)*
____ Appeal *(A2)*	____ No charges filed *(J1)*	____ Mental *(C9)*
____ No charges filed *(A1)*		____ Other *(C9)*

Amount		Description	For Auditor Use	
				Project
$ _____		**Fixed Fee Basis**	1	
$ _____		**Rate Basis (Itemized Statement Attached)**	1	
$ _____		**Expenses (Itemized Statement Attached)**	2	
$ _____		**Investigation Expense (Itemized Statement Attached)**	3	
$ _____		**Expert Testimony (Itemized Statement Attached)**	4	
$ _____		**TOTAL AMOUNT REQUESTED** **DIV#** **1101000**	**ACCT#**	**72**

The above is true and correct to the best of my knowledge. I have made no other claim for payment for recent services to this defendant in this or any other Court except as disclosed and described above.

APPROVED FOR PAYMENT OF $ _____

DENIED FOR PAYMENT OF $ _____

Reasons for any denied amount: _____

_____

Appointed Attorney Signature Date

_____

Appointed Attorney Name (Printed or Typed)

_____

Address

_____

City State Zip Code

_____

PRESIDING JUDGE Date

_____

COUNTY AUDITOR Date