

**JAIL ARRAIGNMENT DOCKET
PAYMENT REQUEST**

1. Day Assigned: _____

2. Court Making Assignment: County Court 6

3. Services performed:

A.	Jail Arraignment Docket (Wednesday Hearing-3 Hrs) (\$150 per hour)	_____	_____	\$450.00
		Yes	No	
B.	ADDITIONAL HOURS: (\$150 per hour)	_____		\$_____
			TOTAL:	\$_____

CERTIFICATION

I, _____, Attorney at Law, swear or affirm to the Court and to the County Auditor that the information contained herein is true and correct. I swear or affirm that I have not received, or will I receive any other money or anything else of value for representing any accused assigned to me at the dockets listed above during my term as Jail Arraignment Attorney For The Week.

Attorney Signature

(Print Name)

Address: _____

Phone: _____

Bar No.: _____

ORDER

The Court finds that \$_____ is a reasonable and necessary attorney's fee for performing the above stated services and ORDERS that same be paid from the general fund of Fort Bend County, Texas.

Signed this _____ day of _____, 20_____.

JUDGE PRESIDING

- Attorney Substituted for _____
- Additional Attorney Appointed By Judge