CAUSE NO. _____

_____
_____
_____

IN THE COUNTY COURT-AT-LAW #1
OF
COMAL COUNTY, TEXAS

MOTION FOR PAYMENT OF ITEMIZED TIME AND SERVICES FOR

☐ **COURT APPOINTED ATTORNEY** ☐ **COURT APPOINTED INTERPRETER**
☐ **INVESTIGATOR** ☐ **EXPERT WITNESS**

I, _____, do hereby file this affidavit of the itemized time and services performed in the above numbered and entitled cause(s) of action and do solemnly swear or affirm that the below information is true and correct.

I have submitted my Motion to Pay Fees in the above numbered and entitled cause(s) and such request for compensation is reasonable and necessary. The following is a true and accurate itemization of the time and service by date, description of service, and actual time expended in rendering such service: (I have attached _____ additional pages which are incorporated here in by reference.)

DATE OF SERVICE	DESCRIPTION OF SERVICES	TIME RENDERED

TOTAL: _____

I hereby certify that the above information is true and correct.

Executed this the _____ day of _____, 20_____.

_____
ATTORNEY AT LAW

Last Revised: 5/27/09