

STATE OF TEXAS  
 COMPTROLLER OF PUBLIC ACCOUNTS

**REQUEST FOR COUNTY REIMBURSEMENT OF INDIGENT INMATE REPRESENTATION**

OFFICE OF COURT ADMINISTRATION USE ONLY								
AGY	COBJ	TC	FUND	AY	PCA	APPROVAL	DOCUMENT NUMBER	DOCUMENT AMOUNT

County name and address for warrant or direct deposit notification	County taxpayer identification number	Mail code
	Mail completed form and documentation to: <b>COMPTROLLER'S JUDICIARY SECTION</b> P.O. Box 13528 Austin, TX 78711-3528 Call (800) 531-5441, ext. 6-5985 or (512) 936-5985	

REQUIRED DOCUMENTATION		
A copy of the Fee Schedule adopted by your county. <i>(If a current fee schedule is already on file with the Comptroller, it is not necessary to attach another one.)</i>	Enclosed	<input type="checkbox"/>
Documentation that the court notified the board (TDCJ) that a defendant before the court is indigent and is an inmate charged with an offense committed while in the custody of the correctional institutions division or a correction facility operated by TDCJ.	Enclosed	<input type="checkbox"/>
Documentation that the court made a request to the board (TDCJ) to provide legal representation for the inmate before court appointment of legal counsel for the inmate.	Enclosed	<input type="checkbox"/>
Description of specific conflict of interest.	Enclosed	<input type="checkbox"/>
Copy of the payment order signed by presiding judge and copy of attorney fee voucher submitted by each individual attorney. Must include attorney's name and a breakdown of hourly charges for in and out-of-court expenses totaling amount paid by county.	Enclosed	<input type="checkbox"/>

<b>TOTAL AMOUNT OF CLAIM SUPPORTED BY THE ATTACHED DOCUMENTATION</b>	<b>\$</b>
--	-----------

COURT CERTIFICATION	
I, _____, the authorized official, do hereby certify that the amounts requested are due and payable pursuant to Article 26.051 of the Code of Criminal Procedure and the court has paid these expenses which are to the best of my knowledge true and correct.	
Authorized official	Date

COUNTY CONTACT INFORMATION	
Person to contact regarding information on this form	Contact phone number (Area code and number)
Title	Contact e-mail address

COMPTROLLER APPROVAL	
I approve this request for payment and to the best of my knowledge this request for payment is true and correct. This payment complies with Article 26.051 (i) of the Code of Criminal Procedure.	<input type="checkbox"/> Direct deposit <input type="checkbox"/> Check enclosed
Certified by	Date

**SEE REVERSE SIDE FOR PROCEDURES AND FURTHER INSTRUCTIONS**

THIS SECTION TO BE COMPLETED BY COUNTY

## CLAIM INSTRUCTIONS FOR PAYMENT REIMBURSEMENT

1. The total amount of this reimbursement claim should correspond with the supporting documentation attached to this request for payment. **Incomplete supporting documentation may delay reimbursement.**
2. This claim should be mailed to the Comptroller's office for approval.
3. Warrants and direct deposit notifications are mailed to the address on the front. Any corrections and/or changes should be made on this form for our records to be updated.
4. An authorized official must certify this request. Please enter the county contact, e-mail address and phone number below the certification signature.
5. Please mail the request to the Comptroller's Judiciary Section at the address indicated on the form.
6. A copy of this request will be returned with a state warrant or a direct deposit confirmation within 60 days if reimbursement is due.

## SUPPORTING DOCUMENTATION INSTRUCTIONS

1. The reimbursement claim request should have supporting documentation attached that includes information substantiating the request for payment. **Incomplete supporting documentation may delay reimbursement.**
2. The following information is needed to support this reimbursement claim:
  - a. A copy of the Fee Schedule adopted by your county (If a current fee schedule is already on file with the Comptroller, it is not necessary to attach another one.)  
*(Code of Criminal Procedure, Article 26.05(c))*
  - b. Documentation that the court notified the board (TDCJ) that a defendant before the court is indigent and is an inmate charged with an offense committed while in the custody of the correctional institutions division or a correction facility operated by TDCJ.  
*(Code of Criminal Procedure, Article 26.051(d))*
  - c. Documentation that the court made a request to the board (TDCJ) to provide legal representation for the inmate before court appointment of legal counsel for the inmate.  
*(Code of Criminal Procedure, Article 26.051(d))*
  - d. Description of specific conflict of interest.  
*(Code of Criminal Procedure, Article 26.051(g))*
  - e. Copy of the payment order signed by presiding judge and copy of attorney fee voucher submitted by each individual attorney. Must include attorney's name and a breakdown of hourly charges for in-court and out-of-court expenses totaling amount paid by county.  
*(For verification of the amount paid and to verify that claim is within the fee schedule adopted by the county pursuant to Code of Criminal Procedure, Article 26.05(c))*
  - f. This certification claim by the court to the comptroller of the amount of compensation and expenses for which the county is entitled to be reimbursed.  
*(Code of Criminal Procedure, Article 26.051(i))*