



**TEXAS INDIGENT DEFENSE COMMISSION**  
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**Application for Extraordinary Indigent Defense Expense Reimbursement**

<b>County</b>			
<b>County Judge</b>		<b>Financial Officer</b>	
<b>Address</b>		<b>Address</b>	
<b>Telephone Number</b>		<b>Telephone Number</b>	
<b>Fax Number</b>		<b>Fax Number</b>	
<b>E-mail Address</b>		<b>E-mail Address</b>	
<b>County's Payee Number</b> (assigned by the Comptroller)			

**Reason For Reimbursement Request:**

Itemized Request (use attachments if necessary)

<b>Invoice Number</b>	<b>Description</b>	<b>Unit Cost</b> (If Applicable)	<b>Amount Requested on Invoice</b>

	<p>Invoices and supporting documents must be attached for this request to be considered.</p> <p style="text-align: right;"><b>Total Amount Requested</b></p>
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We certify that we have reviewed our plans submitted to the Office of Court Administration and that the plans specify the same criteria established to qualify for the Formula Grant Award for this fiscal year. We affirm that this reimbursement request was for actual litigation expenses for indigent defendants or indigent juvenile respondents, or that it has been paid to improve indigent defense service in our county (attach supporting documentation for the latter).

\_\_\_\_\_  
 County Judge

\_\_\_\_\_  
 Date



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Authorization for County Reimbursement Form

Upon consideration of the application submitted on \_\_\_\_\_ (date) by the \_\_\_\_\_ County Judge, the executive director of the Texas Indigent Defense Commission has reviewed the following:

- \_\_\_\_\_ Application, invoices, and documents submitted for reimbursement
\_\_\_\_\_ Grant administrator's recommendation
\_\_\_\_\_ Supporting documentation for expenses other than litigation expenses

The executive director has determined the following:

- \_\_\_\_\_ The application is APPROVED for payment in the amount of \$\_\_\_\_\_
\_\_\_\_\_ The application is DENIED.

The reimbursement is authorized for the following reason(s) (check all the following that apply)

- [ ] Sufficient funds are available
[ ] Grant administrator has recommended reimbursement
[ ] Documentation supports the overall mission of the Task Force
[ ] Funds can be issued on this fiscal year

The reimbursement is denied for the following reason(s) \_\_\_\_\_

The Chief Financial Officer of OCA is directed to disburse \$\_\_\_\_\_ to \_\_\_\_\_ County. The County's Comptroller Payee Number is \_\_\_\_\_.

Jim Bethke, Executive Director

Date