

ALR WITNESS FEE CERTIFICATION

DOCKET NO. _____

DEFENDANT: _____

This certifies that the witness fee in the amount of _____
(Amount of fee)

was mailed to _____ on _____
(Witness Name) (Date)

as required by Texas Administrative Code, Title 1, § 159.103.

Name (Signature)

Name (Printed)

Address

City, State, Zip Code

Telephone Number

E-mail Address