



**ATTORNEY FEES EXPENSE CLAIM FOR MAGISTRATION OR MUNICIPAL COURT BOND HEARINGS**  
PURSUANT TO ARTICLE 26.05 CODE OF CRIMINAL PROCEDURE AS AMENDED

1. Show only one defendant and what type of cases arose out of the same incident per claim.
2. Time changes need to be rounded to the nearest .1 hour.
3. Total fee not to exceed \$750 without prior Court approval (must attach approval order)

**SECTION A CASE INFORMATION**

DEFENDANT NAME (SHOW ONLY ONE DEFENDANT PER CLAIM)

**JUSTIFICATION FOR ADJUSTMENT PURSUANT TO ARTICLE 26.05(4)(C) FEES APPROVED BY COURT**

JUSTIFICATION FOR ADJUSTMENT PURSUANT TO ARTICLE 26.05(4)(C):

DEGREE	APPOINTMENT DATE	DISPOSITION DATE	
CASE IS ON-GOING	APPEAL	DEATH PENALTY CASE	Court No.

COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE  
REQUESTING ATTORNEY'S FEES IN LIEU OF THE FLAT FEE FOR EXCEPTIONAL CIRCUMSTANCES AND HAVE PRIOR APPROVAL OF THE TRIAL JUDGE

OTHER (PROVIDE EXPLANATION): \_\_\_\_\_

CASE NUMBER(s)

**SECTION B SERVICES PROVIDED BY ATTORNEY**

DATE	TYPE OF WORK	Hourly Rate	Hrs	Amount
	INITIAL JAIL VISIT	\$ 91.00		
	TRIAL/COURT HEARING	\$ 104.00		
	OUT OF COURT TIME	\$ 65.00		
	FLAT FEE FOR PLEA/MTR MISD	\$ 195.00		
	FLAT FEE FOR PLEA/MTRSJF, 3rd	\$ 260.00		
	FLAT FEE PLEA/MTR, 2nd	\$ 325.00		
	FLAT FEE FOR PLEA/MTR, 1st	\$ 455.00		

**TOTAL**

**SECTION D FELONY CASES / MISDEMEANOR TRIAL WORK**

DATE	TYPE OF WORK	Type of Hearing	IN COURT HOURS	OUT OF COURT HOURS

**TOTAL HOURS**

**SECTION E ATTORNEY IDENTIFICATION INFORMATION**

NAME	TELEPHONE NUMBER	BAR CARD NUMBER
MAILING ADDRESS		E-MAIL ADDRESS

**SECTION F ATTORNEY CERTIFICATION**

I, \_\_\_\_\_ ATTORNEY AT LAW, SWEAR OR AFFIRM TO THE \_\_\_\_\_

COURT AND TO THE COUNTY AUDITOR THAT 1) THE INFORMATION CONTAINED ABOVE IS TRUE AND CORRECT; 2) PAYMENT WOULD NOT BE CONTRARY TO THE FEE SCHEDULE ADOPTED BY A MAJORITY OF THE JUDGES PURSUANT TO ARTICLE 26.05 CODE OF CRIMINAL PROCEDURE; 3) I HAVE NOT RECEIVED NOR WILL RECEIVE ANY MONEY OR ANYTHING ELSE OF VALUE FOR REPRESENTING THE ACCUSED; 4) I HAVE NOT SUBMITTED DUPLICATE TIME CHARGES FOR THE SAME HOURS CHARGED IN ANY OTHER CASE; AND 5) I HAVE HANDLED THE MAJORITY OF THE WORK IN THE ABOVE NOTED CASE(S).

\_\_\_\_\_  
ATTORNEY AT LAW (SIGNATURE)

AMOUNT APPROVED:

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
*PRESIDING JUDGE (SIGNATURE)*

**\*\*Vouchers must be submitted within 90 days of case disposition\*\***

REVIEWED BY INDIGENT DEFENSE OFFICE

Reason(s) for Denial or Variation:

- |   |   |
|---|---|
| <input type="checkbox"/> Multiple cases/overlapping work                          | <input type="checkbox"/> Insufficient documentation |
| <input type="checkbox"/> Excessive Hourly request based on prior court experience | <input type="checkbox"/> Other                      |

**FOR USE BY AUDITOR'S OFFICE ONLY:**  
APPROVED: \_\_\_\_\_, COUNTY  
AUDITOR