

CAUSE NO (S): _____

ATTORNEY FEES EXPENSE CLAIM
Under Art. 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. Before payment can be authorized, each item must be completed legibly in ink.
3. For investigations, paid bills must be submitted by the attorney for expenses claimed.
4. Forward completed claim to the Presiding Judges for approval.
5. Time charges need to be rounded to the .1 hour.
6. Flat fee amounts: Misdemeanor (\$150.00), State Jail and 3rd Degree Felony (\$200.00), 2nd Degree Felony (\$250.00), and 1st Degree Felony (\$350.00).

COURT APPEARANCE INFORMATION

| | | | |
|--|------------------------------|------------------------|---------------|
| DEFENDANT: _____ | CASE NUMBER(s): _____ | | |
| Type of Case | Hourly Rate | Number of Hours | AMOUNT |
| Initial Jail Visit | \$70.00 | | |
| Out of Court Hourly Rate (Show detail of Hours) | \$50.00 | | |
| In Court Hourly Rate (Show detail of Hours) | \$80.00 | | |
| Investigation/Expert Testimony (with prior Court approval attached) | | | |
| Appeals and Writs – Out of Court | \$40.00 | | |
| Appeals and Writs – In Court | \$70.00 | | |
| *Note: Total fee not to exceed \$500 without prior court approval. Attach approval order. | | | |
| | | Total: | Total: |

DATES, TIMES, AND TYPE OF WORK IN AND OUT OF COURT (include Flat Fee pleas/MTR):

| Date | Type of work | In-Court Hours | Out of Court Hours |
|---|--------------|----------------|--------------------|
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| Total Hours in and Out of Court: | | | |

PERSONAL INFORMATION

Please Print

(On File)

| | | | |
|----------------------|------------------------|------------------|------------|
| Attorney's Name | Social Security Number | Telephone Number | Bar Number |
| Mailing Address | (City) | (State) | (Zip Code) |
| Email Address: _____ | | | |

CERTIFICATION

I, _____, Attorney at Law, swear or affirm to the Court and to the County and to the County Auditor that the information contained above is true and correct, and payment would not be contrary to the fee schedule adopted by the Board of Judges pursuant to Art. 26.05, Code of Criminal Procedure. I further swear or affirm that I have not submitted duplicate time charges for the same hours charged in any other case.

Signed on this the _____ day of _____ A.D., 20____. _____
Signature (Attorney At Law)

Approved: _____
Presiding Judge (signature) Date

Court No: _____

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| FOR USE BY AUDITOR'S OFFICE ONLY: |
| APPROVED: _____, County Auditor |
| Date of Approval: _____ |