

Driving While Intoxicated and Family Violence



IN THE COUNTY COURTS AT LAW OF BEXAR COUNTY TEXAS

Cause No(s). _____ Court _____
 State vs. _____ SID# _____
 Offense _____

CLAIM FOR PAYMENT OF ASSIGNED COUNSEL

In the above numbered and entitled cause(s) I, the undersigned attorney, represent to the court that the following are true and correct:

- 1) I am in good standing with the State Bar of Texas and have met all of the qualifications required to accept appointments in the County Courts at Law system of Bexar County.
- 2) I swear and affirm that I rendered all services to the defendant in the disposition of this cause, which were reasonable and necessary.
- 3) I have complied with all of the requirements of the Texas Fair Defense Act.
- 4) **1st contact with client pursuant to TX SB7: Date:** _____ **Method of Contact:** _____

Final Case Disposition: Plea Trial Dismissal Appeal Attorney Released

Itemized worksheet per Hourly Rate:¹

<u>Date</u>	<u>Item</u> ²	<u>Hours</u> ³	<u>x \$75</u>	<u>Total</u>
_____	_____	_____	x \$75	\$ _____
_____	_____	_____	x \$75	\$ _____
_____	_____	_____	x \$75	\$ _____
_____	_____	_____	x \$75	\$ _____
_____	_____	_____	x \$75	\$ _____
_____	_____	_____	x \$75	\$ _____
_____	_____	_____	x \$75	\$ _____
_____	_____	_____	x \$75	\$ _____
_____	_____	_____	x \$75	\$ _____

Fixed Fees:

- Board Certified Attorney Bonus \$100
- Jury Trial/Trial before the court \$750
- Post-Acquittal Expunctions filed within 30 days \$150

Jail Visit: Jail RAV ZOOM Date of Visit: _____ \$100

Additional Fees:

Investigator Expenses (attach invoice): \$ _____

Vouchers shall be e-filed upon disposition or release of attorney.

I RESPECTFULLY REQUEST PAYMENT IN THE TOTAL AMOUNT OF: \$ _____ . Pay

to (Attorney Name): _____ Bar No.: _____

Attorney Address: _____ Phone No.: _____

Attorney Signature as verification of claim accuracy: _____ Date: _____

Trial Director (MAC)

<p>APPROVED IN THE TOTAL AMOUNT OF: \$ _____</p>

Revised August 1, 2023 for misdemeanor cases with an offense date on or after May 1, 2023.

1. Hourly fee for time spent prior to trial: \$75 x _____ hrs
2. Additional itemized worksheets can be attached if more space is needed
3. Rounded to the next .25 hour - **may not exceed 8 hours without prior approval**