



IN THE COUNTY COURTS AT LAW OF BEXAR COUNTY TEXAS

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

CLAIM FOR PAYMENT 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: _____

Table with 3 columns: Description, Amount, and With Sworn Testimony. Rows include Attorney released prior to disposition (\$50 each succeeding case), Discovery / Dismissal / PTD / Reflejo Court Program Dismissal on day of trial (jury not empaneled), Plea and Sentence (1 defendant, \$50 each succeeding case, including MTRs), Disposition of Motion to Revoke Probation (\$50 each succeeding case), Contested Motion to Revoke Probation (\$50 each succeeding case), Case disposed by a finding of incompetency, PTD / Reflejo Court Removal Sentencing, Jury Trial/Trial before the court (includes motions, preparations & trial time), Appeal, and Board Certified Attorney Bonus.

Additional Fees:

- Auxiliary Court Bond Hearing-Single Defendant \$300
Auxiliary Court Bond Hearing Attorney of the Day \$300
Motion/Habeas for bond matters (ruling required) \$100 \$150
Contested Motion(s) hearing \$100 \$150
Uncontested Competency/Sanity Disposition Hearing \$100
Contested Competency/Sanity Disposition Hearing \$150
Post-Acquittal Expunctions filed within 30 days \$150
Investigator Expenses (attach invoice): \$ _____

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

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)

APPROVED IN THE TOTAL AMOUNT OF:
\$ _____