

For Auditors use only

Vendor ID _____

DEFENSE CLAIM FOR SERVICES OR EXPENSES

Defendant	Cause #	Offense	Jail Case?	Check how disposed				Dates in Court	Put number of hours			Investig/ Expert Testimony	Judicial Approval
				Plea	TBC	Jury	Dism.		in Court	Out of Court	Appeal/ Writ		
													\$ D/H
													\$ D/H
													\$ D/H
													\$ D/H
													\$ D/H
Total												\$	

I, the undersigned attorney, am appointed to represent the above named defendant(s) and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness listed of the above services performed, and have not received anything else of value for said services.

Signature

NAME: _____

BAR CARD NO. _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

I, the undersigned Judge of County Criminal Court No. _____, Dallas County, Texas, do hereby certify that the defendant(s) in the above causes(s) has/have on file with this Court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant(s) and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas for services performed in an amount shown above.

DATE _____

JUDGE _____

CR _____

ORIGINAL -- AUDITOR
CANARY -- COURT COORDINATOR
PINK -- ATTORNEY