**ATTORNEY’S FEE/EXPENSE CLAIM AND CERTIFICATION**

Fee schedule adopted under Articles 26.05; 38.30; 38.31 C.C.P., as amended (Revised 11-01-2017)

**ADDENDUM G**

**COUNTY COURT AT LAW NO.:\_\_\_\_\_\_\_ CAUSE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: SUBMITTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEFENDANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHARGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPANION CAUSE NUMBER(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFENSE LEVEL:\_\_\_\_\_\_\_\_\_\_\_**

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| **ATTORNEY PERSONAL INFORMATION** | |
| **NAME:** | **BAR CARD NUMBER:** |
| **MAILING ADDRESS:** | **TELEPHONE NUMBER:** |

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| **INSTRUCTIONS**   1. Time shall be billed in TENTH of an hour in each category. 2. One (1) defendant and one (1) charge shall be billed per Attorney’s Fee/Expense Claim and Certification. 3. The entire form must be completed in ink and legible. In the alternative, an attorney may attach two (2) detailed itemized invoices that denote the same categories below, instead of handwriting a description of the work performed. Regardless of the submitted format, this form must be completed. 4. Submit paid bills for Investigators/Experts with this form. Expert and/or Investigative Fees shall be paid pursuant to CCP Art.§ 26.05(d) & §26.052(f)(g)(h). 5. APPEALS: List hours in “Out of Court” column and identify appellate work performed under “Brief Description of Services” | | | | | |
| **FEE SCHEDULE**  **LEVEL 1 OFFENSES**: $65.00 - $150.00/ hour **LEVEL 2 OFFENSES**: $65.00 - $125.00/hour **LEVEL 3 OFFENSES**: $65.00 - $100.00/hour   1. Maximum for Out of Court Time (unless good cause is shown): $1500.00 2. Maximum for each Docket Call Without Disposition: $100.00 3. The Court may approve additional expenditures upon good cause shown and reserves the discretion to deviate upward or downward in awarding attorney fees, depending on the time and labor required, the complexity of the case, and the experience and ability of the appointed attorney. | | | | | |
| **TOTAL HOURS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **HOURS IN COURT** | | | **HOURS OUT OF COURT** |
| **DATE** | **BRIEF DESCRIPTION OF SERVICES PERFORMED** | **COURT APPEARANCES**  **NO**  **TESTIMONY** | **PRE-TRIAL**  **HEARING**  **WITH**  **TESTIMONY** | **TRIAL**  **WITH**  **TESTIMONY** |  |
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| **TOTAL FROM ALL SUBSEQUENT PAGES (IF ANY)** | |  |  |  |  |
| **GRAND TOTAL (THIS PAGE AND ALL SUBSEQUENT PAGES)** | |  |  |  |  |
| **PUNISHMENT ASSESSED (INCLUDE AMOUNT DEFENDANT ORDERED TO REPAY):** | | | | | |

I, the undersigned Attorney at Law, swear or affirm to the Court and to the County Auditor that they may rely upon the information contained in this Appointed Counsel Hourly Worksheet (whether one or more pages) to make payment to me according to the fee schedule adopted by the Board of County Court at Law Judges and the Council of Judges pursuant to Article 26.05 C.C.P. I further swear or affirm that I have not received nor will I receive any other money or valuable thing for representing the accused in this case, except as otherwise specifically disclosed to the Court in writing.

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTORNEY AT LAW (Signature)DEPUTY COUNTY CLERK (Signature)

The Court finds that the sum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a reasonable and necessary Attorney’s Fee/Expense Claim for performing the above stated services and **ORDERS** that same be paid from the General Fund of Fort Bend County, Texas // OR

The Court **REJECTS** said Attorney’s Fee/Expense Claim for the following reason(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNED** this the \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUDGE PRESIDING

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| **Cause No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Defendant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **HOURS IN COURT** | | | **HOURS OUT OF COURT** |
| **DATE** | **BRIEF DESCRIPTION OF SERVICES PERFORMED** | **COURT APPEARANCES**  **NO**  **TESTIMONY** | **PRE-TRIAL**  **HEARING**  **WITH**  **TESTIMONY** | **TRIAL**  **WITH**  **TESTIMONY** |  |
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