

# Addendum C

## ATTORNEY'S FEE / EXPENSE CLAIM AND CERTIFICATION

COURT: \_\_\_\_\_ CAUSE NO. \_\_\_\_\_

FEE SCHEDULE ADOPTED UNDER ARTICLES 26.05; 38.30; 38.31 C.C.P., AS AMENDED (REVISED: 12-01-2001)

### INSTRUCTIONS:

## COUNTY COURT AT LAW

DEFENDANT: \_\_\_\_\_

- 1 Show only one defendant and type of case per claim
- 2 Complete entire form, either printed in ink or typed
- 3 Submit paid bills for Investigators/Experts with this form
- 4 Forward completed form to the Judge for approval

DATE SUBMITTED: \_\_\_\_\_, 20\_\_\_\_

PURSUANT TO THE APPROVED ATTORNEY QUALIFICATION LEVELS, COMPENSATION IS REQUESTED FOR:			
APPOINTED TRIAL COUNSEL - COUNTY COURT AT LAW		APPOINTED APPELLATE COUNSEL - COUNTY COURT AT LAW	
	<input checked="" type="checkbox"/>	THE COURT WILL CONSIDER THE FOLLOWING HOURLY FEE RANGE:	THE COURT WILL CONSIDER THE FOLLOWING HOURLY FEE RANGE: <input checked="" type="checkbox"/>
LEVEL 1		\$ 65 - 150	\$ 25 - 50
LEVEL 2		65 - 125	THE COURT MAY APPROVE ADDITIONAL EXPENDITURES UPON GOOD CAUSE SHOWN AND RESERVES THE DISCRETION TO DEVIATE UPWARD OR DOWNWARD IN AWARDED A FEE DEPENDING UPON THE TIME AND LABOR REQUIRED, THE COMPLEXITY OF THE CASE, AND THE EXPERIENCE AND ABILITY OF THE APPOINTED COUNSEL.
LEVEL 3		65 - 125	
LEVEL 4		65 - 125	

### ATTORNEY PERSONAL INFORMATION

NAME:	BAR CARD NUMBER:
MAILING ADDRESS:	SOCIAL SECURITY NUMBER:

### APPOINTED COUNSEL HOURLY WORKSHEET

INSTRUCTIONS: List Date and denote Time in tenths of an hour in appropriate category  
 APPEALS: List hours in "Out-Of-Court" column and identify appellate work performed under "Brief Description of Services"

DATE	GENERAL (BRIEF) DESCRIPTION OF SERVICES PERFORMED ON THE DATE FOR WHICH PAYMENT IS REQUESTED	HOURS IN COURT			HOURS OUT-OF-COURT
		COURT APPEARANCE NO TESTIMONY	PRE-TRIAL HEARING WITH TESTIMONY	TRIAL WITH TESTIMONY	
TOTAL FROM ALL SUBSEQUENT PAGES (IF ANY)					
GRAND TOTAL (THIS PAGE AND ALL SUBSEQUENT PAGES, IF ANY)					
PUNISHMENT ASSESSED:		AMT. 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 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 claim for the following reasons: \_\_\_\_\_

SIGNED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 JUDGE PRESIDING

