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County Auditor's Form 40-1CV

Harris County, TX (REV. 4/14)

**ATTORNEY FEES EXPENSE CLAIM
DISTRICT COURTS-CAPITAL CASE
UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE AS AMENDED**

Court No.	Defendant Name:	Case Number(s) - Charge(s):

<u>CAPITAL CASE</u>	No. of Court Days/Hours	Rate	Amount
CAPITAL 1ST CHAIR		\$150/hr	
CAPITAL 1ST CHAIR - Out of Court Hours		\$150/hr	
CAPITAL 2ND CHAIR		\$125/hr	
CAPITAL 2ND CHAIR - Out of Court Hours		\$125/hr	
INVESTIGATION HOURS		\$75/hr	
INVESTIGATION OTHER EXPENSES			
EXPERT			
OTHER			
TOTAL			

Court Appearance(s) :

PERSONAL INFORMATION

Attorney Name	Telephone Number	Bar Card Number

Mailing Address

CERTIFICATION

I swear or affirm that the Harris County Auditor may rely upon the information contained in this ATTORNEY FEES EXPENSE CLAIM to make payment according to the fee schedule adopted by the Board of District Judges Trying Criminal Cases pursuant to Tex. Code Crim. P. art. 26.05. I further swear or affirm that I have not received nor will I receive anything of value for representing the accused, except as otherwise disclosed to the Court in writing.

/s/ _____ Bar# _____
Attorney at Law (Signature)

The above fees were reviewed by this court and determined to be both reasonable and necessary and are hereby approved for payment.

Approved _____
Judge Presiding