



00007196

County Auditor's Form 40-1BV
Harris County, TX (REV. 09/14/2015)**ATTORNEY FEES EXPENSE CLAIM**
DISTRICT COURTS-COURT APPEARANCE
UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE AS AMENDED

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

<u>INDIVIDUAL CASE APPOINTMENT</u>		No. of Court Days/Hours	Rate	Total (presumptive max)	Amount
NON-TRIAL	First Degree		\$225/day	\$1125*	
	Second Degree		\$175/day	\$875*	
	Third Degree, SJF, MRP/MAJ		\$125/day	\$625*	
TRIAL	First Degree		\$500/day		
	Second Degree		\$400/day		
	Third Degree, SJF, MRP/MAJ		\$300/day		
PRE-TRIAL HEARING WITH TESTIMONY & PSI HEARING			\$350/day		
OUT OF COURT HOURS	First Degree		\$85/hour	\$1700	
	Second Degree		\$60/hour	\$600	
	Third Degree, SJF, MRP/MAJ		\$40/hour	\$400	
INVESTIGATION HOURS			\$40/hour	\$600/case	
INVESTIGATION OTHER EXPENSES					
EXPERT				\$650/case	
BILINGUAL SUPPLEMENT			\$50/day	\$250	
OTHER					
				TOTAL	

*The presumptive maximum number of non-trial settings beyond a term assignment is four.

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

The above fees, including any fees which exceed the presumptive maximum fees set forth herein were reviewed by this court and determined to be both reasonable and necessary and are hereby approved for payment.

Approved _____
Judge Presiding



00007344

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

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

INSTRUCTIONS
Show only one defendant per claim.
Before payment can be authorized, each item must be completed legibly in ink.
Forward completed claim to the presiding judge for approval.

Court No.	Defendant Name	Case Number(s)	Charge
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POST CONVICTION PROCEEDINGS	HOURLY RATE	TOTAL (presumptive max.)	AMOUNT (Judge Completes)
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NON-CAPITAL APPEAL

Appeal, Preparation of Motion for New Trial	\$75	\$2,250	
Appeal-Trial > 5 days or Transcript > 800 Pages, Preparation of Motion for New Trial	\$75	\$4,500	
New Brief After PDR Granted	\$75	\$1,500	

CAPITAL APPEAL

Appeal-Death Penalty Not Sought, Preparation of Motion for New Trial	\$100	\$4,500	
Appeal-Death Penalty Sought, Preparation of Motion for New Trial	\$100	\$18,000	
New Brief After PDR Granted	\$100	\$2,000	

PETITION FOR DISCRETIONARY REVIEW

Non-Capital	\$75	\$750	
Capital	\$100	\$1,000	

ORAL ARGUMENT

Court of Appeals			
Non-Capital	\$75	\$450	
Capital	\$100	\$600	
Court of Criminal Appeals			
Non-Capital	\$100	\$600	
Capital Appeal, Death Penalty Given	\$100	\$1,500	
Capital Appeal, Death Penalty Sought, Not Given	\$100	\$600	
Capital Appeal, Death Penalty Not Sought	\$100	\$600	
Travel Expenses			
In Austin (no receipts required)		\$200	
In Courts of Appeals other than Houston: Prior approval of Judge required (receipts required)			

DNA MOTION

	\$75	\$750	
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11.07 WRIT OF HABEAS CORPUS

	\$75	\$2,250	
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HEARING WITH TESTIMONY

	\$350/day		
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OTHER

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TOTAL \$

PERSONAL INFORMATION


Social Security Number (last 4 digits only) XXX - XX -	Telephone Number ()	Bar Card Number
Mailing Address (Number, Street, Suite, City, State, Zip Code)		

CERTIFICATION

I, _____, swear or affirm that the Harris County Auditor may rely upon the information contained above to make payment according to the fee schedule adopted by the Board of District Judges Trying Criminal Cases pursuant to Tex. Code of 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; and
I wrote this brief and I am solely responsible for its contents.
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE _____ DAY OF _____ A.D. 20 ____

Approved _____
Judge, Presiding
Attorney at Law (Signature)

Deputy District Clerk (Signature)
Attorney Name (print legibly)

 00007345	County Auditor's Form 40-1DV Harris County, TX (REV. 2/12) ATTORNEY FEES EXPENSE CLAIM DISTRICT COURTS-WRITS UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE AS AMENDED	
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Court No.	Defendant Name:	Case Number(s) - Charge(s):
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Court of Criminal Appeals Case Number	Date of Writ Appointment
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11.071 DEATH PENALTY WRITS	No. of Court Days/Hours	Rate	Amount
WRIT		\$100/hour	
Investigation Hours		\$75/hour	
Investigation Other Expenses			
Expert Witness			
Travel (Paid expense receipts must be attached)			
Miscellaneous (Paid expense receipts must be attached)			
\$25,000 is the presumptive maximum for all fees incurred in an 11.071 writ.			TOTAL

Court Appearance(s) :

PERSONAL INFORMATION

Attorney Name	Telephone Number	Bar Card Number
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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; and I wrote this writ and I am solely responsible for its contents.

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

The above fees, including any fees which exceed the presumptive maximum fees set forth herein were reviewed by this court and determined to be both reasonable and necessary and are hereby approved for payment.

Approved _____
 Judge Presiding

CLAIM FOR REIMBURSEMENT

Amount of Claim \$ _____ Amount of Prior Claims Paid \$ _____
 The total amount of reimbursement to which a county is entitled is \$25,000.00. CPP Art. 11.071 §2A(a).

I hereby submit this claim for reimbursement of expenses under Art. 11.071. The information in this claim is to the best of my knowledge true and correct.

 Judge, Presiding

 Date

Harris County Vendor Number 1-76-0454514-9
Address to Mail Check: Harris Country Auditor, 1001 Preston, 8th Floor, Houston, Texas 77002.
 Instructions to Auditor's Office: Mail the completed form along with the Expense Worksheet, any attached itemized paid bill receipts, and the Appointed Counsel Hourly Worksheet to: Comptroller Judiciary, P.O. Box 13528, Austin, Texas 78711-3528. Contact Number 1-800-531-5441 ext.3-3609

OUT OF COURT HOURS LOG

Court Number	Case Number	Defendant's Name

JAIL VISIT(S)

DATE	INTERVIEW TIME - BEGIN	INTERVIEW TIME - END	WAIT TIME

WITNESS INTERVIEW(S)

DATE	INTERVIEW TIME - BEGIN	INTERVIEW TIME - END

RECORDS RESEARCH

DATE	BEGIN TIME	END TIME	DESCRIPTION OF ACTIVITY

LEGAL RESEARCH

DATE	BEGIN TIME	END TIME	GENERAL TOPIC

OTHER

DATE	BEGIN TIME	END TIME	DESCRIPTION OF ACTIVITY

PERSONAL INFORMATION

Social Security Number (last 4 digits only)	Telephone Number	Bar Card Number
XXX - XX -	()	

Mailing Address (Number, Street, Suite, City, State, Zip Code)

CERTIFICATION

I, _____, swear or affirm that the Harris County Auditor may rely upon the information contained above 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.

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE ____ DAY OF _____ A.D. 20 ____

Approved _____
Judge, Presiding
Attorney at Law (Signature)

District Clerk Deputy (Signature)
Attorney Name (print legibly)