

County Auditor's Form 40-1BV

Harris County, TX (REV. 09/14/2015)

ATTORNEY FEES EXPENSE CLAIM DISTRICT COURTS-COURT APPEARANCE

00007196		UNDER ARTICLE 26.05, CODE OF CRIMINAL P	ROCEDURE AS AN	MENDED		
Court No.	Defe	ndant Name	Case Number	er(s) - Cha	rge(s)	
INDIVIDUA	L CA	SE APPOINTMENT	No. of Court Days/Hours	Rate	Total (presumptive max)	Amount
NON-TRIAL	First	Degree		\$225/day	\$1125*	
	Secon	d Degree		\$175/day	\$875*	
	Third	Degree, SJF, MRP/MAJ		\$125/day	\$625*	
TRIAL	First 1	Degree		\$500/day		
		d Degree		\$400/day		
	Third	Degree, SJF, MRP/MAJ		\$300/day		
PRE-TRIAL HEARING WIT	H TES	STIMONY & PSI HEARING		\$350/day		
OUT OF COURT HOURS	First 1	Degree		\$85/hour	\$1700	
		d Degree		\$60/hour	\$600	
	Third Degree, SJF, MRP/MAJ			\$40/hour	\$400	
INVESTIGATION HOURS				\$40/hour	\$600/case	
INVESTIGATION OTHER E	XPEN	ISES				
EXPERT					\$650/case	
BILINGUAL SUPPLEMENT				\$50/day	\$250	
OTHER						
					TOTAL	
*The presumptive maximum	numbe	r of non-trial settings beyond a term as	ssignment is fo	our.		
Court Appearance(s):						
		PERSONAL INFORMA	TION			
ttorney Name Telephone Number Bar Card Number			•			
Mailing Address						
		CERTIFICATION				
payment according to the fee scho	edule ac ve not r	Auditor may rely upon the information co dopted by the Board of District Judges Try eccived nor will I receive anything of value Bar#	ing Criminal Ca	ases pursua	nt to Tex. Code Cri	m. P. art. 26.05. I
The above fees, including any fees both reasonable and necessary an						mptive max) \$1125* \$875* \$625* \$1700 \$600 \$400 \$00/case 550/case \$250 TOTAL Card Number CS EXPENSE CLAIM to make ex. Code Crim. P. art. 26.05. I ept as otherwise disclosed to the discontinuous
		Approved	Judge P	residing		



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

	C. (DER MITTEEN 2010), CODE OF	ORDINAL VIEW TWO ORDS ORDS THE THE VIEW VIEW	i	
Court No. Defendant Name:		Case Number(s) - C	harge(s):	
	CADITAL CASE	No. of Court	Rate	Amount
	<u>CAPITAL CASE</u>	Days/Hours		
CAPITAL 1ST CHA	IR		\$150/hr	
CAPITAL 1ST CHA	IR - Out of Court Hours		\$150/hr	
CAPITAL 2ND CHA	AIR		\$125/hr	
CAPITAL 2ND CHA	AIR - Out of Court Hours		\$125/hr	
INVESTIGATION F	HOURS		\$75/hr	
INVESTIGATION (OTHER EXPENSES			
EXPERT				
OTHER				
			TOTAL	
Court Appearance(s)):			
	PERSONAL	INFORMATION		
Attorney Name		Telephone Number		Bar Card Number
Mailing Address		·		
	CERTIF	ICATION		
payment according to t further swear or affirm Court in writing. /s/ Attor	he Harris County Auditor may rely upon the inf he fee schedule adopted by the Board of District that I have not received nor will I receive anyth Bar# rney at Law (Signature) viewed by this court and determined to be both i	Judges Trying Criminal Cases pur ing of value for representing the ac	suant to Tex. Code C cused, except as othe	rim. P. art. 26.05. I rwise disclosed to the
	Appr	ovedJudge Presiding		

unty Auditor's Form 40-1 rris County, Texas (REV. 09/07) **INSTRUCTIONS** ATTORNEY FEES EXPENSE CLAIM Show only one defendant per claim. DISTRICT COURTS-APPEALS Before payment can be authorized, each item must be completed legibly in ink. UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE Forward completed claim to the presiding judge for approval. Defendant Name Case Number(s) Charge Court No. HOURLY AMOUNT **POST CONVICTION PROCEEDINGS** (presumptive (Judge Completes) NON-CAPITAL APPEAL Appeal, Preparation of Motion for New Trial \$75 \$2,250 Appeal-Trial > 5 days or Transcript > 800 Pages, Preparation \$75 \$4,500 of Motion for New Trial New Brief After PDR Granted \$75 \$1,500 CAPITAL APPEAL Appeal-Death Penalty Not Sought, Preparation of Motion for \$100 \$4,500 Appeal-Death Penalty Sought, Preparation of Motion for \$100 \$18,000 New Trial 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 \$2,250 11.07 WRIT OF HABEAS CORPUS \$75 **HEARING WITH TESTIMONY** \$350/day **OTHER** TOTAL \$ PERSONAL INFORMATION Social Security Number (last 4 digits only) Telephone Number Bar Card Number - XX -Mailing Address (Number, Street, Suite, City, State, Zip Code) CERTIFICATION _____, 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

Judge, Presiding

Deputy District Clerk (Signature)

Attorney at Law (Signature)

Attorney Name (print legibly)

Approved



County Auditor's Form 40-1DV

Harris County, TX (REV. 2/12)

ATTORNEY FEES EXPENSE CLAIM DISTRICT COURTS-WRITS

DISTRICT COURTS-WRITS
UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE AS AMENDED

Court No.	Defendant Name:	Case Number(s	s) - Charge(s)	:		
Court of Criminal Appeals Case Number		Date of Writ A	Date of Writ Appointment			
<u>11.</u>	071 DEATH PENALTY WRITS	No. of Court Days/Hours	Rate	Amount		
WRIT			\$100/hour			
Investigation Hours			\$75/hour			
Investigation Other Exp	oenses					
Expert Witness						
Travel (Paid expense re	ceipts must be attached)					
Miscellaneous (Paid exp	pense receipts must be attached)					
\$25,000 is the presum	11.071 writ.	TOTAL				
Court Appearance(s):						
	PERSONAL INFOR	RMATION				
Attorney Name		Telephone Numl	oer	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; and I wrote this writ and I am solely responsible for its contents. Sk						
	Approved	Judge Presiding				
	CLAIM FOR REIM	BURSEMENT				
Amount of Claim \$ Amount of Prior Claims Paid \$ File total amount of reimbursement to which a county is entitled is \$25,000.00. CPP Art. 11.071 \$2A(a). I herby 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.						
	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						



County Auditor's Form 40-1V

Harris County, TX (REV. 9/18/2015)

ATTORNEY FEES EXPENSE CLAIM DISTRICT COURTS-APPEALS

	UNDER ARTICLE 26.05, CODE OF CRIMINAL PRO	CEDURE AS AME	NDED		
Court No.	Defendant Name: Case Number(s) - Charge(s): No. of Court Hourly Total A				
POST CONVICTION PROCEEDINGS			Hourly Rate	Total (presumptive max)	Amount
NON-CAPITAL APPEAL	Appeal, Preparation of Motion for New Trial		\$75	\$2250	
	Appeal-Trial > 5 days or Transcript > 800 pages, Preparation of Motion for New Trial		\$75	\$4500	
	New Brief After PDR Granted		\$75	\$1500	
CAPITAL APPEAL	Appeal-Death Penalty Not Sought, Preparation of Motion for New Trial		\$100	\$4500	
	Appeal-Death Penalty Sought, Preparation of Motion for New Trial		\$100	\$18000	
	New Brief After PDR Granted		\$100	\$2000	
PETITION FOR DISCRETIONARY REVIEW	Non-Capital		\$75	\$750	
	Capital		\$100	\$1000	
ORAL ARGUMENT	Court of Appeals: Non-Capital		\$75	\$450	
	Court of Appeals: Capital		\$100	\$600	
	Court of Criminal Appeals: Non-Capital		\$100	\$600	
	Court of Criminal Appeals: Capital Appeal, Death Penalty Given		\$100	\$1500	
	Court of Criminal Appeals: Capital Appeal, Death Penalty Sought, Not Given		\$100	\$600	
	Court of Criminal Appeals: Capital Appeal, Death Penalty Not Sought		\$100	\$600	
	Travel Expenses - In Austin (no receipts required)			\$200	
	Travel Expenses - In Courts of Appeals other than Houston: Prior approval from Judge required (receipts required)				
DNA MOTION			\$75	\$750	
11.07 WRIT OF HABEAS CO	RPUS		\$75	\$2250	
OTHER					
				TOTAL	
	PERSONAL INFORMATI	ON Telephone Num	_	T	
Attorney Name			ber	Bar Card Number	
Mailing Address					
	CERTIFICATION				
payment according to the fee s further swear or affirm that I	ris County Auditor may rely upon the information cont chedule adopted by the Board of District Judges Tryin; have not received nor will I receive anything of value for this brief and I am solely responsible for its contents. Bar# (Signature)	g Criminal Case	es pursuant	to Tex. Code Crim. P.	art. 26.05. I
	fees which exceed the presumptive maximum fees set for and are hereby approved for payment.	orth herein were	reviewed l	oy this court and deter	mined to be
	Approved				
	Approved Judge Presiding				

County Auditor's Form 40-1L Harris County, Texas (09/07) OUT OF COURT HOURS LOG					
Court Num	ber Case Number	r Defe	ndant's Name)	
			1411 \/16	CIT/C)	
DATE	INTEDVIEW TIME	DECIN	JAIL VIS	-	WAIT TIME
DAIL	INTERVIEW TIME	BEGIN	INTERVI	EW TIME - END	WAIT TIME
				ERVIEW(S)	
DATE	INTERVIEW	TIME - B	EGIN	INTI	ERVIEW TIME - END
		RI	ECORDS R	ESEARCH	
DATE	BEGIN TIME	EN	ID TIME	DESCF	RIPTION OF ACTIVITY
			LEGAL RE	SEARCH	
DATE	BEGIN TIME	EN	ID TIME	G	ENERAL TOPIC
			OTH	ER	
DATE	BEGIN TIME	EN	ID TIME	DESCR	RIPTION OF ACTIVITY
7 1 2 7	N 1 2 2 2 2 2 2		PERSONAL INF		C. IV. I
	y Number (last 4 digits only	y) [Telepho	ne Number	Bar	Card Number
XXX Mailing Addre	- XX - ess (Number, Street, Suite,	(City, State. 7	(ip Code)		
3	, , , , , , , , , , , , , , , , , , ,	<u> </u>	• /		
			CERTIFIC	ATION	
					County Auditor may rely upon the
					e adopted by the Board of District further swear or affirm that I have
	-				l, except as otherwise disclosed to
the Court	in writing.		_	-	
SWORN	ГО AND SUBSCRIBE	ED BEFOR	RE ME ON TH	IS THEDAY	Y OF A.D. 20
Approved					
•		Judge	, Presiding		Attorney at Law (Signature)
	District Cl	erk Deputy (Signature)		Attorney Name (print legibly)