

		County Auditor's Form 40-1CV Harris County, TX (REV. 02/27/2023) <b>ATTORNEY FEES EXPENSE CLAIM</b> <b>DISTRICT COURTS-CAPITAL CASE</b> UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE AS AMENDED		
Court No.	Defendant Name:	Case Number(s) - Charge(s):		
<b><u>CAPITAL CASE</u></b>		No. of Court Days/Hours	Rate	Amount
CAPITAL 1ST CHAIR			\$225/hr	
CAPITAL 1ST CHAIR - Out of Court Hours			\$225/hr	
CAPITAL 2ND CHAIR			\$200/hr	
CAPITAL 2ND CHAIR - Out of Court Hours			\$200/hr	
INVESTIGATION HOURS			\$90/hr	
EXPERT				
OTHER				
INVESTIGATION OTHER EXPENSES				
TOTAL				
Court Appearance(s) :				
PERSONAL INFORMATION				
Attorney Name		Telephone Number		Bar Card Number
Mailing Address				
CERTIFICATION				
<p>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.</p> <p>_____</p> <p>Attorney at Law (Signature)</p> <p>The above fees were reviewed by this court and determined to be both reasonable and necessary and are hereby approved for payment.</p> <p>Approved _____</p> <p>Judge Presiding</p>				