

		County Auditor's Form 40-1AV Harris County, TX (REV. 02/27/2023) ATTORNEY FEES EXPENSE CLAIM DISTRICT COURTS-TERM ASSIGNMENT UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE AS AMENDED			
Court No:		Attorney Name:			
<u>TERM ASSIGNMENTS</u>	OFFENSE DEGREE	Number of Appointed Cases	Rate	Amount	
TERM ASSIGNMENT	First Degree		\$175/case		
	Second Degree		\$150/case		
	Third Degree, SJF		\$125/case		
DAILY ASSIGNMENT	First Degree		\$175/case		
	Second Degree		\$150/case		
	Third Degree, SJF		\$125/case		
WEEKLY ASSIGNMENT	First Degree		\$175/case		
	Second Degree		\$150/case		
	Third Degree, SJF		\$125/case		
TOTAL					
List date(s) of term assignment. (Term assignment log attached)					
PERSONAL INFORMATION					
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.					
_____ Attorney at Law (Signature)					
Approved: _____ Judge Presiding					