

		County Auditor's Form 40-1DV Harris County, TX (REV. 02/27/2023) ATTORNEY FEES EXPENSE CLAIM DISTRICT COURTS-WRITS UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE AS AMENDED				
Court No.		Defendant Name:		Case Number(s) - Charge(s):		
Court of Criminal Appeals Case Number				Date of Writ Appointment		
11.071 DEATH PENALTY WRITS				No. of Court Days/Hours	Rate	Amount
WRIT					\$150/hour	
INVESTIGATION HOURS					\$90/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
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; and I wrote this writ and I am solely responsible for its contents.</p> <p>_____ Attorney at Law (Signature)</p> <p>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.</p> <p>Approved _____ Judge Presiding</p>						
CLAIM FOR REIMBURSEMENT						
<p>Amount of Claim \$ _____ Amount of Prior Claims Paid \$ _____ The total amount of reimbursement to which a county is entitled is \$25,000.00. CCP Art. 11.071 §2A(a).</p> <p>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.</p> <p>_____ Judge, Presiding</p> <p>_____ Date</p>						
<p>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</p>						