COUNTY AUDITOR'S FORM HIDALGO COUNTY, TEXAS (REV. 12/08)

ATTORNEY FEES EXPENSE CLAIM FORM

UNDER ARTICLE 26.05. CODE OF CRIMINAL PROCEDURE AS AMENDED



	CASE INFORMATION	FEE SCHEDULE						
DEFENDANT NAME	(SHOW ONLY ONE DEFENDANT PER CLAIM)	DESCRIPTION	RATE	HOURS	AMOUNT			
		OUT OF COURT	\$70					
		IN COURT	\$100					
CASE NUMBER(S)	(LIST ALL CASES RELATED TO THIS CLAIM)	OTHER LEGAL SERVICES REIMBUI REQUIRE PROPER DOCUMENTATI						
		☐ INVESTIGATOR ☐	EXPERT	OTHER				
CHECK HERE		FEES SET BY COURT		TOTAL				
IF APPEAL COURT NUMBER		COMPLEXITY OF THE CASI	E AND/OR	OTHER:				
		COUNSEL'S EXPERIENCE JUSTIFICATION FOR ADJUSTMENT	T A S DED ADT	ICLE 26.05 (4)(C)				
DATE	TYPE OF WORL	•	AS PER ARTI	IN COURT	OUT OF CT			
				HOURS	HOURS			
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		TOTAL	L HOURS					
	PERSONAL II	NFORMATION						
VENDOR NUMBER	TELEPHONE NUMBER		CARD NUMBER					
MAILING ADDRESS								
	OFFITE OF THE OFFITE OF	IO A TION						
		ICATION						
I,	, Att	orney at Law, swear or affirm to the	e Court and	to the County Aud	itor that the			
	ed above is true and correct, and payment would not be co							
26.05 Code of Crimi	inal Procedure effective September 1, 1987. I further swear	or affirm that I have not received	nor will rece	ive any money or	anything else of			
value for representin	ng the accused, and I further affirm or swear that I have not	submitted duplicate time charges f	or the same	nours charged in	any otner case.			
				ATTORNEY	AT LAW (SIGNATURE)			
		- · · · · ·						
APPROVED:	PRESIDING JUDGE (SIGNATURE)	THEDAY OF			A.D., 2 0			
FOR USE OF AUDITOR'S OFFICE ONLY								
40000V50		TORGOTTIOL ONLT						
APPROVED:	, COUNTY AUDITOR			Account No.	1100-412-30-115-016-0-333			

COUNTY AUDITOR'S FOR
HIDALGO COUNTY, TEXAS

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	CONTINUATION SHEET		
CASE NUMBER(S)	DEFENDANT NAME		
		IN COURT	OUT OF CT
DATE	TYPE OF WORK	HOURS	HOURS
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	TOTAL	HOURS	
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