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 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		

HIDALGO COUNTY, TEXAS	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
		<u> </u>	
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	TOTAL	HOURS	
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