

### ATTORNEY FEES EXPENSE CLAIM

**UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE AS AMENDED**  
As Approved by the Board of Judges - Polk, Trinity & San Jacinto Counties

Effective 01/01/07

**INSTRUCTIONS:**

1. SHOW ONLY ONE DEFENDANT AND TYPE OF CASE PER CLAIM.
2. BEFORE PAYMENT CAN BE AUTHORIZED, EACH ITEM MUST BE COMPLETED LEGIBLY IN INK.
3. FOR INVESTIGATIONS, PAID BILLS MUST BE SUBMITTED BY THE ATTORNEY FOR EXPENSES CLAIMED.
4. FORWARD COMPLETED CLAIM TO THE PRESIDING JUDGE FOR APPROVAL.

**COURT NUMBER:**

(Appeal / Family Law / Felony / Juvenile / Misdemeanor / Parent-Child)

#### COURT APPEARANCE INFORMATION

DEFENDANT	CASE NUMBERS

<input type="checkbox"/> Standard Appointment	<input type="checkbox"/> Arraignment, Non Issue Appearance		\$	50	75	\$
<input type="checkbox"/> Capital	<input type="checkbox"/> Motion Hearing			75	150	
<input type="checkbox"/> Habeas Corpus	<input type="checkbox"/> Disposition (Other than Trial)			100	350	
	<input type="checkbox"/> Felony Trial Per Day			150	500	
	<input type="checkbox"/> Misdemeanor Trial Per Day			150	400	
	<input type="checkbox"/> Capital Trial Per Day (OR Negotiated Flat Fee)			375	750	
	<input type="checkbox"/> 2 <sup>nd</sup> Chair - Capital Trial Per Day			250	500	
	<input type="checkbox"/> Hourly Rates - Out of Court			35	50	
	<input type="checkbox"/> Investigation (Only with Court Approval)			----	500	
	<input type="checkbox"/> Non Capital Appeal			500	3500	
	<input type="checkbox"/> Capital Appeal			50/HR	10,000	
	<input type="checkbox"/> Interpreter			----	40/HR	
	<input type="checkbox"/> Medical Expert			----	100/HR	
	<input type="checkbox"/> Mileage - Out of County			----- miles	\$5.25 per Mile	
	<b>TOTAL</b>					<b>\$</b>

Enter type of Case followed by Dates (Example: Felony - 3/13, 3/13, 3/14/09)

#### PERSONAL INFORMATION

Social Security Number	Telephone Number	Bar Card Number
Mailing Address (Number)	(Street)	(City) (State) (Zip Code)

#### CERTIFICATION

I, \_\_\_\_\_, Attorney at Law, swear or affirm to the Court and to the County Auditor, that the County Auditor may rely on this information to make payments due to Article 26.05, Code of Criminal Procedure and/or to Article 51.10 of the Family Code and that the fees authorized by the Court in the above-mentioned case do not exceed the maximum amount permitted under Federal Laws and Regulations, and the Executive Orders and Regulations issued thereunder. I further swear or affirm that I have not received nor will I receive any other monies or anything else of value for my representation in the above case.

Printed Name: \_\_\_\_\_ Attorney at Law (Signature) \_\_\_\_\_  
 SWORN TO AND SUBSCRIBED BEFORE ME ON THIS, THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 2010.

Approved: \_\_\_\_\_ District Clerk Deputy or Notary (Signature) \_\_\_\_\_  
 Presiding Judge (Signature)

Court Number