

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

<p style="text-align: center;">INSTRUCTIONS:</p> <ol style="list-style-type: none"> 1. BEFORE PAYMENT CAN BE AUTHORIZED, EACH ITEM MUST BE COMPLETED <u>LEGIBLY IN INK.</u> 2. SHOW ONLY DEFENDANT AND TYPE OF CASE PER CLAIM. 3. FOR INVESTIGATIONS, PAID BILLS MUST BE SUBMITTED BY THE ATTORNEY FOR EXPENSES CLAIMED. 4. FORWARD COMPLETED CLAIM TO THE PRESIDING JUDGE FOR APPROVAL. 	<p style="text-align: center;">COURT NUMBER</p> <hr/> <p>Location: Trinity County Groveton, Texas</p>
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COURT APPEARANCE INFORMATION

DEFENDANT		CASE NUMBERS				
TYPE OF CASE		NUMBER OF COURT DAYS	RATE	MINIMUM	MAXIMUM	AMOUNT
[] STANDARD APPOINTMENT	<input type="checkbox"/> Arraignment, Non Issue Appearance		\$		\$50	\$75
	<input type="checkbox"/> Motion Hearing				75	150
	<input type="checkbox"/> Disposition (Other Than Trial)				100	350
	<input type="checkbox"/> Felony Trial Per Day				150	500
[] CAPITAL	<input type="checkbox"/> Misdemeanor Trial Per Day				150	400
	<input type="checkbox"/> Capital Trial Per Day OR Negotiated Flat Fee				375	750
[] HABEAS CORPUS	<input type="checkbox"/> 2nd 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	3,500
	<input type="checkbox"/> Capital Appeal				50 / HR	10,000
	<input type="checkbox"/> Interpreter				---	40 / HR
	<input type="checkbox"/> Medical Expert				---	100 / HR
TOTAL						\$

DATES IN COURT (Enter Type of Case followed by Dates, EXAMPLE: Felony - 9/12, 9/13, 9/14/87)

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	BAR CARD NUMBER
MAILING ADDRESS (Number) (Street) (Suite) (City) (State) (Zip Code)		

CERTIFICATION

I, _____, Attorney at Law, swear or affirm to the Court and to the County Auditor, that I have no other claim against **Trinity County** for fees on any of the dates set out above, and that this statement is made so that the County Auditor may rely on this information to avoid payments which cannot be made due to Section 4 of Article 26.05, Code of Criminal Procedure, which relates 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 hereunder. I further swear or affirm that I have not received nor will I receive any other moneys or anything else of value for representing the accused.

Printed Name _____ Attorney at Law (Signature) _____

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS, THE _____ DAY OF _____.

Approved: _____ Presiding Judge (Signature) _____ District Clerk (Signature) _____
 or
 District Clerk Deputy (Signature) _____

_____ Court Number _____