

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 Date 9/1/2013

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. FORWARD COMPLETED CLAIMS TO THE PRESIDING JUDGE FOR APPROVAL.

COURT NUMBER:

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

COURT APPEARANCE INFORMATION

DEFENDANT\STYLE OF CASE		CASE NUMBERS				
TYPE OF CASE		NUMBER OF COURT DAYS	RATE	MINIMUM	MAXIMUM	AMOUNT
<input type="checkbox"/> Standard Appointment	<input type="checkbox"/> Arraignment, Non Issue Appearance		\$	\$ 50	\$ 75	\$
	<input type="checkbox"/> Motion Hearing			75	150	
<input type="checkbox"/> Capital	<input type="checkbox"/> Disposition (Other than Trial)			100	400	
	<input type="checkbox"/> Felony Trial Per Day			150	500	
<input type="checkbox"/> Habeas Corpus	<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"/> 2nd Chair - Capital Trial Per Day			250	500	
	<input type="checkbox"/> Hourly Rates - Out of Court			35	50	
	<input type="checkbox"/> Non Capital Appeal			500	3500	
	<input type="checkbox"/> Capital Appeal				50/HR	10,000
	<input type="checkbox"/> Mileage - Out of County Travel (Not travel to Office)			Miles at \$.28 per mile		
TOTAL				Current IRS rate		\$

Enter type of Case followed by Dates (Example: Felony - 9/12, 9/13, 9/14/2010)

PERSONAL INFORMATION

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 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 appearances and expenses were necessary and reasonable. 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.

Approved: _____
Presiding Judge (Signature)

Attorney at Law (Signature)

Court Number

Printed Name