



Fort Bend County

Attorney's Fee/Expense Claim Form - Misdemeanor

Court	Cause Number	Defendant Name	Date	↑Clerk Use Only↑				
Offense Level	Offense/Charge	Companion Cause Numbers (if any)						
Bar Card #	Attorney Name	Attorney Mailing Address (Street, City, State, Zip)						
Attorney Phone	Attorney E-mail Address	Punishment Assessed	Amt Defendant Ordered to pay	In Person Attorney Contacts By Phone				
Vendor # ↑Court Use Only↑	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Acct Unit</th> <th style="width: 20%;">Account</th> <th style="width: 30%;">Activity</th> <th style="width: 35%;">Acct Cat</th> </tr> </table> ↑Accounting Use Only↑				Acct Unit	Account	Activity	Acct Cat
Acct Unit	Account	Activity	Acct Cat					

FEE SCHEDULE: \$65.00 - \$175.00 per hour

INSTRUCTIONS:

- (1) Time shall be billed in TENTH of an hour;
- (2) Multiple charges for the same Defendant may be included on one form. Ensure you include the companion cause numbers above and detailed descriptions of the work performed for each particular charge below. Failure to properly explain which charge the billed hours applies may result in non-payment for that hour;
- (3) Submit paid bills for Investigators/Experts with this form. Expert and/or Investigative Fees shall be paid pursuant to CCP Art. § 26.05(d) & §26.052(f)(g)(h).

		Hours In Court			Hours Out of Court (by .10)
		Court Appearance no Testimony (by .10)	Pre-Trial Hearing with Testimony (by .10)	Trial with Testimony (by .10)	
<u>Date</u>	<u>Description</u>				
Total Hours this Page					
Total Hours Subsequent Pages					
Grand Total Hours					

Certification by Attorney

On the date submitted, the undersigned attorney at law, knowingly makes the following statements of material fact to the tribunal: (1) I competently represented the named defendant; (2) I fully performed the services claimed above; (3) I fully performed the work which required me to spend the actual time reflected on all Subsequent Appointed Counsel Hourly Worksheets and/or itemized billing statements which are incorporated in this form by reference; (4) I have not received and will not receive any money or valuable thing for representing said defendant, unless such payment is disclosed in writing to the Judge before whom this application is pending; and (5) No other request for payment for the described services rendered has been paid.

My name is _____ My address is _____

My date of birth is _____. I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, Texas on _____ Month _____ Day _____ Year Requested: _____ Total Hours _____ Reimbursable Expenses (attach receipts/backup)

↓Court Use Only↓
ORDER

The Court finds that the following amount for attorney's fees inclusive of any reimbursable expenses is reasonable and necessary as supported by the following approved hours and ORDERS it paid:

_____ Payment Approved _____ Hours Approved

AND/OR the Court REDUCES/REJECTS said claim for the following reason(s): _____

_____ Date Approved _____ Judge Presiding _____ Signature - Judge Presiding

