

### **COUNTY AUDITOR**

Fort Bend County, Texas

**Robert Ed Sturdivant** 

County Auditor

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February 13, 2020

# **Attorney Fee/Expense Claim Form**For the County Courts at Law Misdemeanor Cases

Effective for Submissions Starting February 1, 2020

The County Court at Law Judges approved the use of the new Attorney Fee/Expense Claim Form located at: <a href="CourtAppointedAttorneys">CourtAppointedAttorneys</a> for submission of a court-ordered attorney fees and expenses for misdemeanor cases in the County Courts. This submission process will be accomplished by first downloading the form to your PC/laptop, completing all fields, applying your digital signature, and submitting the pdf-fillable form through e-file. E-filing instructions can be found at: <a href="CountyClerkEfilingrules">CountyClerkEfilingrules</a>. A sample form is illustrated on the pages below with sample data and notes for guidance. The field definitions and instructions for the new form are summarized as follows:

#### **INSTRUCTIONS:**

Field	Description
Court	Select the Court the case is assigned to from the drop-down
	selection
Cause Number	County assigned case number
Defendant Name	Defendants full name
Date	Date of form submission
Offense Level	Offense level of charge
Companion Cause Numbers	All cases related to the defendant and the primary cause number
Bar Card Number	Current bar card number
Attorney Name	Individual attorney name – not firm name
Attorney Mailing Address	Mailing address for submission of payment
Attorney Phone	Best contact number for attorney
Attorney E-mail Address	Preferred e-mail address for accounts payable to use
Punishment Assessed	Punishment assessed at disposition
Amt Defendant Ordered to Pay	Amount defendant is required to pay pursuant to disposition
In Person Attorney Contacts	Number of attorney contacts with client in person
By Phone Attorney Contacts	Number of attorney contacts with client by phone
Appointed Counsel Hourly Worksheet	
Date	Date of service by attorney(mm\dd\yyyy)
Description	Description of service by attorney (use multiple lines if needed)
Court Appearance – no Testimony	Hours (to the tenth) of service in court with no testimony
Pre-Trial Hearing – with Testimony	Hours (to the tenth) of service in court for pre-trial hearings with testimony
Trial – with Testimony	Hours (to the tenth) of service in court during trial
Hours Out of Court	Hours (to the tenth) of service out of court
Certification by Attorney	
Name	Name is replicated from Attorney Name field at top of form
Address	Address is replicated from Attorney Mailing Address field at top of form
Date of Birth	Attorney date of birth
County	County of execution of certification
Month Day Year	Month (January), day (dd), and year (yyyy) of certification
Monul Day Teal	within (January), day (dd), and year (yyyy) or certification

#### **INSTRUCTIONS Continued:**

Total Hours	Calculated from worksheet amounts
Reimbursable Expenses	Total of reimbursable expenses for case(s) – attach all supporting
	receipts and backup
Attorney's Signature	Use Adobe digital signature certificate to apply signature to final
	submission – This is the last step in completing the form
Subsequent Appointed Counsel Hourly	
Worksheet (if needed)	
Cause Number	Replicated from Cause Number field at top of first page
Defendant Name	Replicated from Defendant Name field at top of first page
Date	Replicated from Date field at top of first page
Worksheet detail fields	Use instructions from Appointed Counsel Hourly Worksheet above

#### **SUBMISSION PROCESS:**

- 1. You must download the form from the browser and save to you PC/laptop before accessing.
- 2. Complete all fields described above before attaching the Adobe digital signature certificate (Note use tab key to navigate quickly through the fields)
  - a. Fields boxed in red are required enter n/a or 0 (zero) if not applicable or no amount is needed
  - b. Some fields are replicated in the document to avoid duplicating entries:
    - i. Cause Number on first and second page
    - ii. Defendant Name on first and second page
    - iii. Date on first and second page
    - iv. Attorney Name in header and certification sections
    - v. Attorney Address in header and certification sections
  - c. Some fields have restricted format:
    - i. Court must choose from drop-down list
    - ii. Date Fields (Date-header, Date fields-worksheets, Birthdate-certification) must use mm\dd\yyyy
    - iii. Dollar Amount Fields (Amt Defendant Ordered to Pay, Reimbursable Expenses) must use numeric value to two decimals
    - iv. Numeric Value Fields (In Person/By Phone Attorney Contacts, Day-certification, Year-certification) must use numeric value with no decimals
- 3. Appointed Counsel Hourly Worksheet
  - a. Complete one line entry for each service on the case and record hours (to the tenth) in one columnar field only for each line
  - b. Total Hours Fields Calculate automatically
  - c. Requested Hours-Certification Calculates from all Total Hours fields
  - d. Use multiple lines if additional description is needed (do not duplicate hours or date for multirow description)
- 4. Use Subsequent Appointed Counsel Hourly Worksheet if more lines are needed for services
  - a. Header Fields (Cause Number, Defendant Name, Date) Populate from top of first page
  - b. All hours must be entered in tenths
  - c. Total Hours at bottom of Subsequent Worksheet total and populate on the first page automatically
  - d. You do not have to submit the Subsequent Worksheet if no detail lines are populated
- 5. Special action buttons (Clear, Print, Save) Available to perform single click functions before signing
- 6. Attorney's Signature Certification Section When form is complete you must affix a digital signature through Adobe by clicking on the field. You may use another digital signature provider if you choose
  - a. If you do not have a digital signature, Adobe will guide you on the creation of a unique signature for you. Once completed it will be available the next time you process/sign a form
- 7. The Form will prompt you to save after attaching your digital signature use the following naming convention for the file separated by an underscore (no spaces): Cause number(no hyphens)\_last date of service (yyyymmdd). Example: 20CCR123456\_20200120.pdf
- 8. Once saved you will submit the completed-signed form through E-file (see link at top of first page)

### **QUESTIONS:**

- 1. Inquiries regarding form completion 281-341-3767 or <u>APAuditor@fortbendcountytx.gov</u>
- 2. Inquiries regarding e-filing 281-341-8685 or CClerk@fortbendcountytx.gov

# Fort Bend County Attorney Fee/Expense Claim Form Instructions

### For the County Courts at Law Misdemeanor Cases Effective for Submissions Starting February 1, 2020

				Fort 1	Bend Count	V				
			Attorne		e Claim Form		anor	*****		Some fields are
Fields boxed in red	Court at Law 1	20-	CCR-123456	E	d the Defendant	*	01/21/2020		11111111	replicated on the form
are required to be	Court	C	ause Number 🤏		ofendant Name		Date	TiClerk	Cse Only?	to prevent dual entry
completed by	2		ting Arrest		20-CCR-234567, 20			5789		4.5
attomey	Offense Level 12345678	Offe	nse/Charge Ed the A			Cause Numbers		mond TX 774	60	8.1
	Bar Card #		Attorne					t, City, State, Zip		8 8
	(281) 341-3760		Attorney@MyE			ear probation		500.00	1 1	1 8 8
	Attorney Phone		Attorney E-ma	il Address	Punishme	ent Assessed	Amt	Defendant In Percent to pay Att	erson By Phone orney Contacts	
			100426100	63000 IN	IDEFENSE	AT		rea to pay	oracy Connects	1 1 1
		Vendor#	Acct Unit	Account	Activity	Acct Cat				1 1 1
	†C	ourt Use Only↑		↑Accounting U	se Only↑					1 8 8
	FEE SCHEDULE	<u>:</u> \$65.00 - \$175.	.00 per hour			Clear Form	n Print F	orm Save	Form	
Special action	INSTRUCTIONS									1 1 1
buttons may be used	(1) Time shall be		H of an hour;							1 / 1
to clear, print or save					re you include the compani				f the work	
	(3) Submit paid b	r each particular oills for Investig	r charge below. Failu ators/Experts with thi	re to properly explain whic s form. Expert and/or Inve	h charge the billed hours ap estigative Fees shall be paid	oplies may result bursuant to CCP	in non-payment :  Art. § 26.05(d)	for that hour; & 826.052(f)(g)(h)	).	1 / 1
	(,,		•	•		•				
						Н	ours In Cou	ırt		I/ 1
						Court	Pre-Trial		Hours	M 8
Complete the	<u>A</u> 1	pointed	l Counsel l	Hourly Work	<u>csheet</u>	Appearance	Hearing	Trial	Out of	8 8
worksheet to detail all work effort for	_					no Testimony (by .10)	with Testimony (by .10)	with Testimony	Court	F i
case. Use multiple	Date			Description		(by .10)	(by .10)	(by .10)	(by .10)	
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if necessary. Use	01/03/2020		request reset	ant by phone		1.0			1.5	:
Subsequent	01/10/2020		requestion disco	verv					1.0	
worksheet on page 2	01/11/2020	Hearing to	request reset	•		1.0				
for additional work					al Hours this Page	2.0	0.0	0.0	4.5	
hours. Total hours					Subsequent Page	2.0	2.0	3.0	8.0	F
calculates to tenth of					Frand Total Hours	4.0	2.0	3.0	12.5	
hour.	On the date submitt	ad the undersig	med atterney at law k	nomingly makes the follow	tion by Attorney	act to the tribuna	l: (1) I compatent	ly roundcontact tha	named	
0 1. 511	defendant; (2) I full	y performed the	services claimed abov	ve; (3) I fully performed the	ing statements of material f work which required me to	spend the actual	l time reflected to	n all Subsequent A	appointed	A.
Complete fields boxed in red for	Counsel Hourly Wo	rksheets and/or	itemized billing states	nents which are incorporat	ed in this form by reference writing to the Judge before	; (4) I have not r	scrived and will :	not receive any mo	oney or	
certification.	payment for the des	cribed services r	rendered has been paid	d				min (5) 140 onne 1	equest 101	A
ceruncauon.		Ed the Attor			01 Jackson St, Suite 70		TX 77469			
D-:			County, Texas on		the foregoing is true and 2020 Requested		\$ 50	00.00		
Reimbursable expenses must			*****	Month Day	Year	Total Hours		ble Expenses		
include receipts	Sturdivant,	Ed (Robe	Tt) Topic qually limited for the last day	ten) n. úr-frósni, ar-Patlani, ar-Capatousia miran, Sú (Schar)			(attach rece	ipts/backup)		
and/or backup	4	Attori	ney's Signature	1Co	urt Use Only↓					
					ORDER					
Use digital signature			owing amount for a ad ORDERS it paid		of any reimbursable expe	nses is reasonal	ble and necessa	ry as supported l	by the	
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provider.				Payment Approved	Hours Approved					
	AND/OR the Co	urt REDUCES	REJECTS said cla	im for the following rea	son(s):					
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# **Attorney Fee/Expense Claim Form Instructions**

### For the County Courts at Law Misdemeanor Cases

Effective for Submissions Starting February 1, 2020

			4.111			Address.		
		20-CCR-123456	Ed the Defendant		01/21/2020			These fields ar
		Cause Number	Defendant Name		Date	NA.		replicated from
				Hours In Court				page header.
				Court	Pre-Trial		Hours	
	Subseque	ent Appointed Counsel I	Hourly Worksheet	Appearance no Testimony		Trial with Testimony	Out of Court	
	Date	Descript	tion	(by .10)	(by .10)	(by .10)	(by .10)	
If additional lines are	01/12/2020	Discuss case with Client in person					1.0	
needed complete the 🍝	01/13/2020	Hearing to request reset		1.0				
worksheet to detail all 🥻	01/13/2020	Draft letter requesing subpeona					1.0	
	01/14/2020	Draft motion for dismissal					1.0	
Use multiple lines for	01/15/2020	Hearing to request dismissal			2.0			
description if	01/16/2020	Trial preparation		- 10			2.0	
necessary. Total	01/17/2020 01/18/2020	Hearing to request reset  Draft joinder motion and review with	DA	1.0			1.0	
nours calculates to	01/18/2020	Trial preparation	DA .				2.0	
enth of hour and	01/20/2020	Trial - Guilty				3.0	2.0	
ransfers to first page.	22.20.2020					2.0		
		Trial - Guilty						
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		Tot	al Hours (Include on Page 1)	2.0	2.0	3.0	8.0	
			2					

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# **Attorney Fee/Expense Claim Form Instructions**

### For the County Courts at Law Misdemeanor Cases

**Effective for Submissions Starting February 1, 2020** 

To avoid repetitive field entry, you should complete a form with field values that will not change for your submissions and save as your template.	Offense Level 12345678 Bar Card # (281) 341-3760 Attorney Phone	Cause Number  Cause Number  Offense/Charge  Ed the Arttorney  Attorney@MyEr  Attorney E-mail  Vendor # Acct Unit  urt Use Only  \$65.00 - \$175.00 per hour	ttorney / Name mail.com	Form -Misdeme  me  Companion Cause Numbers (	Date  (if any)  uite 701, Richm  Address (Street, C	oond TX 77469 City, State, Zip Ffendant In Pers d to pay Attorn	50n By Phone ney Contacts
	(2) Multiple charge performed for	oilled in TENTH of an hour; es for the same Defendant may be inc each particular charge below. Failur	cluded on one form. Ensure you include to properly explain which charge the b s form. Expert and/or Investigative Fees	illed hours applies may result i shall be paid pursuant to CCP	in non-payment for	that hour; §26.052(f)(g)(h).	he work
	Ap	pointed Counsel I	Hourly Worksheet	Court Appearance	Pre-Trial Hearing	Trial	Hours Out of
1		_	•	no Testimony (by .10)	with Testimony v	with Testimouy (by .10)	Court (by .10)
1	Date		Description	(4,114)	(4) 114)	(4, 114)	(4,114)
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1			Certification by At	0.0	0.0	0.0	0.0
*	On the date submitted	d. the undersigned attorney at law. kr	nowingly makes the following statements		(1) I competently:	represented the nz	med
4	defendant; (2) I fully	performed the services claimed above	e; (3) I fully performed the work which r	required me to spend the actual	time reflected on al	ll Subsequent App	pointed
			nents which are incorporated in this form h payment is disclosed in writing to the J				
**		ribed services rendered has been paid		auge octore whom this applica	non 15 penning, una	1 (5) 110 0000 100	
		Ed the Attorney	My address is 301 Jackson		TX 77469		
		h is 03/25/1966 . 1 declare unde Fort Bend County, Texas on	r penalty of perjury that the foregoing	g is true and correct.  Requested: 0.0			
		CON Della County, Team of	Month Day Year	Total Hours	Reimbursable	Expenses	
	MINKA				(attach receipt	s/backup)	
		Attorney's Signature	↓Court Use Only	ı			
		,	ORDER	•			
			ttorney's fees inclusive of any reimbu	ursable expenses is reasonab	le and necessary	as supported by	the
	following appro	oved hours and ORDERS it paid:					
	AND/OR the Cou	nt REDUCES/REJECTS said clai	Payment Approved Hours Appr im for the following reason(s):	oved			
	Date Approv	red	Judge Presiding	Sign	ature - Judge Pr	esiding	
			1				