☐ Check for Final Payment ☐ Check for Interim Payment ☐ Check for Initial Payment

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 Contacts

Vendor #	Acct Unit	Account	Activity	Acct Cat
		63000	INDEFENSE	AT

↑Court Use Only↑ ↑Accounting Use Only↑

FEE SCHEDULE: $65.00 - $175.00 per hour

Clear Form | Print Form | Save Form

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).

Appointed Counsel Hourly Worksheet

Date	Description	Hours In Court: Court Appearance no Testimony (by .10)	Hours In Court: Pre-Trial Hearing with Testimony (by .10)	Hours In Court: Trial with Testimony (by .10)	Hours Out of Court (by .10)
	Total Hours this Page	0.0	0.0	0.0	0.0
	Total Hours Subsequent Page	0.0	0.0	0.0	0.0
	Grand Total Hours	0.0	0.0	0.0	0.0

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** _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ **County, Texas on** _____ (Month) _____ (Day) _____ (Year) **Requested:** 0.0 (Total Hours) _____ (Reimbursable Expenses (attach receipts/backup))

_____
Attorney's Signature

↓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

Cause Number | Defendant Name | Date

Subsequent Appointed Counsel Hourly Worksheet

Date	Description	Hours In Court: Court Appearance no Testimony (by .10)	Hours In Court: Pre-Trial Hearing with Testimony (by .10)	Hours In Court: Trial with Testimony (by .10)	Hours Out of Court (by .10)
	Total Hours (Include on Page 1)	0.0	0.0	0.0	0.0