Check for Interim Payment



Fort Bend County Attorney's Fee/Expense Claim Form - Misdemeanor

Vendor # fCourt Use Only1 Acct Unit Accounting Use Only1 FE 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)(b). Hours In Court Appointed Counsel Hourly Worksheet Trial Trial Hours Date Description (by .10) (by .10) (by .10) (by .10) Total Hours this Page Total Hours Total Hours Total Hours Image to the anote defendant (2) I competently represented the anote 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 Workship gatements (4) (4) to other requests for	Court		Cause Number		Defenda	nt Name		Date	- ↑c	Clerk Use Only↑
Attorney Phone Attorney E-mail Address Punishment Assessed And Defandarity in Parsen Ry Pho	Offense Level	Offe	nse/Charge	Companion Cause Numbers (if any)						
Control to pay Attorney Contact Activity Actity Actity Activity Actity Actity Activity	Bar Card #		Attorney	rney Name Attorney Mailing Address (Street, City, State,					, Zip	
Court Use Only1 Txeeounting Use Only1 EESCHEDULE: 565.00 - 5175.00 per hour: Multiple datages 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 hild hours applies may result in non-payment for that hour: (a) submit paid bills for lavestigators/Esperts with this form. Expert and/or Investigators/Esperts and/or Investigators/Espects and/or Investigators/Especies/Especis/Especis/Especies/Especies/Especies/Especies/Especie	Attorney Phone	Attorney E-mai		Address Punishm		ent Assessed			In Person By Pho Attorney Contact	
			Acct Unit		v		Acct Cat			
IDENTION IN the shall be little in TENTH of an hour; In shall be little in TENTH of an hour; In shall be little in TENTH of an hour; In shall be little in TENTH of an hour; In shall be little in TENTH of an hour; In shall be little in TENTH of an hour; In shall be little in TENTH of an hour; In shall be little in TENTH of an hour; In shall be little in the shall be little in the shall be paid pursuant to CCP Art 3 2 6.05(d) & \$26.052(f)(g)(b)). The term of the shall be little in the shall be little in the shall be paid pursuant to CCP Art 3 2 6.05(d) & \$26.052(f)(g)(b). The term of the shall be little in the shall be little in the shall be paid pursuant to CCP Art 3 2 6.05(d) & \$26.052(f)(g)(b). The term of the shall be little in the shall be little in the shall be paid pursuant to CCP Art 3 2 6.05(d) & \$26.052(f)(g)(b). The term of the shall be little in the shall be little in the shall be paid pursuant to CCP Art 3 2 6.05(d) & \$26.052(f)(g)(b). The term of the shall be little in the shall be little in the shall be paid pursuant to CCP Art 3 2 6.05(d) & \$26.052(f)(g)(b). The term of the shall be little in the shall be paid pursuant to CCP Art 3 2 6.05(d) & \$26.052(f)(g)(b). The term of the shall be paid to the shall be paid pursuant to CCP Art 3 2 6.05(d) & \$26.052(f)(g)(b). The term of the shall be paid to the shall be		our tose only		Account	ing Use Only					
Appointed Counsel Hourly Worksheet Image: Second Secon	(1) Time shall be(2) Multiple charperformed for	billed in TENT ges for the same r each particular	Defendant may be inc charge below. Failur	e to properly explain	which charge th	e billed hours aj	pplies may result pursuant to CCF	in non-payment f P Art.§ 26.05(d)	for that hour; & §26.052(f)(
Appointed Counsel Hourly Worksheet Appearance no Testimony Trial with Testimony Out of Court Date Description (by .10)							H		ırt	
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 receive any money or valuable thing for representing said defendant, unless such 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 Total Hours Reimbursable Expenses (attach receipts/backup) Attorney's Signature ICourt Use Onlyi 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		opointed		•	orksheet		Appearance no Testimony	Hearing with Testimony	with Testimo	Out of Out of Court
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 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 Total Hours Reimbursable Expenses (attach receipts/backup) Attorney's Signature I Court Use Only4 ORDER 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		·								
Total Hours Subsequent Pages Grand Total Hours		·			Total Hours	this Page				
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				Total H						
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 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: 					•	•				
Month Day Year 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 Payment Approved Hours Approved	defendant; (2) I full Counsel Hourly Wo valuable thing for r payment for the des	y performed the orksheets and/or epresenting said scribed services r	services claimed abov itemized billing staten defendant, unless sucl rendered has been paid	e; (3) I fully perform nents which are incom n payment is disclose l. My ad	ed the work whic porated in this for d in writing to th dress is	h required me to rm by reference e Judge before v	o spend the actua ; (4) I have not r whom this applica	l time reflected or received and will i	n all Subseque not receive any	ent Appointed y money or
(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	Executed in		County, Texas on			Requested			1.5	_
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				Month Day	y Year		Total Hours			
following approved hours and ORDERS it paid: Payment Approved Hours Approved					ORDER					
				:		-	nses is reasona	ble and necessar	ry as support	ed by the
AND/OR the Court REDUCES/REJECTS said claim for the following reason(s):				Payment Appro	ved Hours Aj	proved				
· · · · · · · · · · · · · · · · · · ·	AND/OR the Co	ourt REDUCES	REJECTS said cla	im for the followin	g reason(s):					

	Cause Number	Defendant Name		Date	_	
			Н			
Subseque	nt Appointed Counsel Ho	ourly Worksheet	Court Appearance no Testimony	Pre-Trial Hearing with Testimony	Trial with Testimony	Hours Out of Court
Date	Descriptio	n	(by .10)	(by .10)	(by .10)	(by .10)
			·			
			·			
			·			
			·			
			·			
			·			
			·			
			·			
			·			
			·			
			·			
	Total	Hours (Include on Page 1)				

	Cause Number	Defendant Name		Date	_	
			Н			
<u>Subseque</u>	nt Appointed Counsel Hourly Worksheet		Court Appearance no Testimony	Pre-Trial Hearing with Testimony	Trial with Testimony	Hours Out of Court
Date	Des	scription	(by .10)	(by .10)	(by .10)	(by .10)
			·			
			·			
			·			
			·			
			·			
			·			
			·			
		Total Hours (Include on Page 1)				
		Total Hours (menude on Page I)				

	Cause Number	Defendant Name		Date	-	
			Н			
Subseque	nt Appointed Counsel Hourly Worksheet		Court Appearance no Testimony	Pre-Trial Hearing	Trial with Testimony	Hours Out of Court
Date	De	scription	(by .10)	(by .10)	(by .10)	(by .10)
			·			
			·			
			·			
			·			
			. <u> </u>			
			·			
			·			
			·			
			·			
			·			
			·			
			·			
			·			
			·			
		Total Hours (Include on Page 1)				
		roun mours (monute on rage 1)				