# Date Submitted

The Court finds that the total sum of

# On the date submitted, the undersigned Attorney at Law, under penalty of perjury states, to wit that the attorney has competently represented the named defendant and has fully

performed the services claimed above, and on all attached Subsequent Hourly Worksheets and/or itemized billing statements which are all incorporated herein by reference.

before whom this application is pending and that no other request for payment for the described services rendered has been paid.

Total

Hours

**ORDER** 

**Total Expenses** 

is reasonable and necessary attorney's fee and ORDERS it paid, OR

That the attorney has 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

#### Revised 6/30/2025

**Fort Bend County Attorney's Fee Claim Form - Felony** 

#### Cause Number(s) - List all

Defendant Name

**Clerk Use Only** 

Attorney Name

Date

Amount Defendant Ordered to

Mailing Address (Street, City, State Zip)

#### Bar Card # Ordered to Pay

Appeal

**Payment Type (Required)** 

Check for Final Payment

Capital Murder Payment

Check for Interim Payment Check for Initial Payment

#### Tax ID Fee Schedule: \$200 - \$500.00 Felony Case Disposition

THE COURT MAY APPROVE ADDITIONAL EXPENDITURES UPON GOOD CAUSE SHOWN AND RESERVES THE DISCRETION TO DEVIATE UPWARD OR DOWNWARD IN AWARDING AN ATTORNEY FEE (WHETHER BY THE HOUR OR BY THE TOTAL AWARDED FEE) DEPENDING ON THE TIME AND LABOR REQUIRED, THE COMPLEXITY OF THE CASE, AND THE EXPERIENCE AND ABILITY OF THE APPOINTED COUNSEL.

Attorney's Email

Attorney's Signature

### **Appointed Counsel Hourly Worksheet**

Date	Docket Call	Description	Hours (round by .1)	Expenses
Total this Page				
Total Subsequer	nt Page			
Grand Total	-	Certification by Attorney		

The Court REJECTS said clai	im for the following reason(s):		
	•		
Date Approved	Judge Presiding	Signature - Judge Presiding	
	For Ad	min Use Only	
Vendor Number:	Accounting Unit:	Account	
	Activity:	Acct Cat	

1



Reimburse

Vendor Phone #

## Appointed Counsel Hourly Worksheet - Continued

Defendant Name		Cause Number(s)	Hours D	Hours Date	
Date	Docket Call	Description	round by .1	Expenses	
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		Totals (Include on Page 1)			

Totals (Include on Page 1)