CLAIM FOR INVESTIGATION OR EXPERT WITNESS FEES

THE STATE OF TEXAS		IN THE	
VS.		OF GALVESTON COUNTY, TEXAS	
		E:/	
DEFENSE COUNSEL:			
OFFENSE	CHECK BOX IF REVOCATION OF PROBATION CAUSE NUMBER		ROBATION
-		<u> </u>	
		<u></u>	
		<u></u>	
		AMOUNT BILLED	U JUDICIAL AUTHORIZATION
INVESTIGATION EXPENSE:			
(PRIOR COURT APPROVAL REQU	UIRED AND INVOICE MUST BE A	ATTACHED)	
EXPERT WITNESS EXPENSE	:		
(PRIOR COURT APPROVAL REQ	UIRED AND INVOICE MUST BE	ATTACHED)	
TOTAL			
defense of the above referen	nced Defendant request pay ctness of the above listed s	ment in accordance with the law ervices performed, and I have n	perform services necessary to the vs of the State of Texas. I further ot received, nor will I receive, any
		/	/
NAME:	WITNESS INFORMATION	ON (PLEASE PRINT - MUST	ŕ
MAIL ADDRESS:CITY:	STATE:	ZIP:	
TELEPHONE NUMBER		SOCIAL SECURITY N	- IUMBER
Court an affidavit reflecting in represent the defendant, that the	liveston County, Texas, do he digency and an inability to affine Investigator/Expert Witness entitled under Article 26.05,	reby certify that the defendant in the ford counsel, that the attorney show s shown above has performed the li- Texas Code of Criminal Procedure,	
//		T. J.	
		Judge	