

CLAIM FOR INVESTIGATION OR EXPERT WITNESS FEES

**THE STATE OF TEXAS
VS.**

**IN THE _____
OF GALVESTON COUNTY, TEXAS**

DATE OF APPROVAL BY COURT TO INCUR EXPENSE: ____/____/____

DEFENSE COUNSEL: _____

CHECK BOX IF REVOCATION OF PROBATION

OFFENSE	CAUSE NUMBER		
_____	_____	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	
		AMOUNT BILLED	JUDICIAL AUTHORIZATION
INVESTIGATION EXPENSE:			
(PRIOR COURT APPROVAL REQUIRED AND INVOICE MUST BE ATTACHED)			
EXPERT WITNESS EXPENSE:			
(PRIOR COURT APPROVAL REQUIRED AND INVOICE MUST BE ATTACHED)			
TOTAL			

I, the undersigned Investigator/Expert Witness, having been approved by the Court to perform services necessary to the defense of the above referenced Defendant request payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness of the above listed services performed, and I have not received, nor will I receive, any other monies, or anything else of value for said services.

_____/_____/_____

INVESTIGATOR/EXPERT WITNESS SIGNATURE
INVESTIGATOR/EXPERT WITNESS INFORMATION (PLEASE PRINT - MUST BE LEGIBLE)

NAME: _____

MAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER (____) _____ - _____ SOCIAL SECURITY NUMBER _____ - _____

TO THE COMMISSIONERS COURT OF GALVESTON COUNTY, TEXAS:
I, the undersigned Judge of Galveston County, Texas, do hereby certify that the defendant in the above cause(s) has on file with this Court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant, that the Investigator/Expert Witness shown above has performed the listed services and that the said Investigator/Expert Witness is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Galveston County, Texas, for services performed in an amount shown above.

_____/_____/_____

Judge