

DEFENSE CLAIM FOR SERVICES OR EXPENSES

THE STATE OF TEXAS

IN THE _____

VS. _____

OF GALVESTON COUNTY, TEXAS

DATE OF APPOINTMENT: _____ DATE OF DISPOSITION: ____/____/____

CHECK BOX IF REVOCATION OF PROBATION

OFFENSE	CAUSE NUMBER	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

NON CAPITAL OFFENSES:	# DAYS	HOURS	JUDICIAL AUTHORIZATION (amounts approved)
NON-JURY DISPOSITION(PLEA, DISMISSAL, ETC.)	_____	XXXXXX	_____
JURY TRIAL/TRIAL BEFORE COURT	_____		XXXXXX _____
COURT HEARINGS:			
MOTION TO SUPPRESS	_____	XXXXXX	_____
HABEAS CORPUS/BOND REDUCTION	_____	XXXXXX	_____
OTHER: _____	_____		XXXXXX _____
COURT APPEARANCE:			
PRE-TRIAL CONFERENCE		XXXXXX	_____
DOCKET CALL		XXXXXX	_____
OTHER: _____		XXXXXX	_____
OUT OF COURT TIME:			
(LISTING OF DATES, TIMES AND ACTIVITIES MUST BE ATTACHED)			_____
INVESTIGATION EXPENSE:			
(PRIOR COURT APPROVAL REQUIRED AND INVOICE MUST BE ATTACHED)			_____
EXPERT WITNESS EXPENSE:			
(PRIOR COURT APPROVAL REQUIRED AND INVOICE MUST BE ATTACHED)			_____
LIMITED TERM APPOINTMENT (\$900.00/WEEK)	_____	XXXXX	_____
		TOTAL	\$

FEE SCHEDULE:

COURT APPEARANCE/UNCONTESTED MATTERS	\$ 60.00 PER HOUR
OUT OF COURT TIME:	\$ 60.00 PER HOUR
NON-JURY COURT HEARINGS	\$180.00 PER DAY
JURY TRIAL/TRIAL BEFORE COURT	\$300.00 PER DAY
CAPITAL MURDER/DEATH PENALTY CASE	*AT THE DISCRETION OF TRIAL JUDGE, BUT NOT LESS THAN \$300.00 PER DAY

NOTE:

• PLEAS OF *GUILTY* OR *NO CONTEST* PRESENTED TO COURT WILL BE PAID AT A RATE OF \$180.00, UNLESS AN UNUSUAL CIRCUMSTANCE IS PRESENTED TO THE COURT. THE COURT ASSESSES: **1 HOUR** TO REVIEW FILE AND SECURE OFFER FROM DISTRICT ATTORNEY; **1 HOUR** TO TALK TO INDIGENT DEFENDANT AND CONVEY OFFER, AND; **1 HOUR** FOR PLEA.

AFFIRMATION

I, the undersigned attorney, am appointed to represent the above named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to 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.

_____/_____/_____
 ATTORNEY SIGNATURE _____ DATE SIGNED _____
 ATTORNEY INFORMATION (PLEASE PRINT - MUST BE LEGIBLE)
 NAME: _____ BAR CARD #: _____
 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/have 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, and that the said attorney is entitled under Article 26.05, Texas Criminal Code of Criminal Procedure, to be paid from the General Fund of Galveston County, Texas, for services performed in an amount shown above.

_____/_____/_____

