

**ATTORNEY FEES EXPENSE CLAIM FORM**  
Denton County District Courts

DEFENDANT \_\_\_\_\_

ATTORNEY \_\_\_\_\_

CAUSE NUMBER	CHARGE	Check How Disposed					Date Notified of Appointment	Date First Contacted Defendant	Date Disposed
		Plea	TBC	JT	Dism	Appl			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**FIXED FEE**

You may use the case which yields the greatest payment. For example, if a defendant has three cases, and one is disposed of by a 3-day jury trial and the other two dismissed, the reimbursement would be \$2,600 (6 1/2 days at \$400 = \$2,400) and add an additional \$100 for the two dismissals (if 3<sup>rd</sup> or SJF). For appeals attach a copy of the brief(s) filed.

Type of Disp.		Fixed Fee	Amount Claimed	Amt. Approved by Court
Dismissal		\$200		
Plea (SJF and 3rd)		\$700		
Plea (2 <sup>nd</sup> )		\$800		
Plea (1 <sup>st</sup> )		\$900		
Additional Cases	Number of additional B cases: _____	\$100 per case		
Additional Cases	Number of additional A cases: _____	\$125 per case		
Trial	Number of 1/2 days in court: _____ x \$400			
Appeal		\$1,500		

**HOURLY FEE**

Attached is a detailed explanation of services performed including the date performed, the time spent on each activity, and a designation of in court or out of court time. For appeals attach a copy brief(s) filed.

Type of Time	Requested Hours	Requested Rate	Requested Amount	Approved Hours	Approved Rate	Approved Amount
In Court Time						
Out of Court Time						
Legal Assistant Time		65.00				
Other Direct Litigation Expenditure						
<b>Total</b>						

**CERTIFICATION**

I swear or affirm to the Court and the County Auditor that the information contained above is true and correct and payment would not be contrary to the fee schedule adopted by the District Court Judges pursuant to Article 26.05 Texas Code of Criminal Procedure. I further swear or affirm that I have not received nor will I receive any other money or anything else of value for representing the accused.

Attorney At Law (signature) \_\_\_\_\_

Texas State Bar Number \_\_\_\_\_

Explanation of Variance

<input type="checkbox"/> EXCESSIVE INCREMENT ALLOTMENT	<input type="checkbox"/> REDUCED FEE
<input type="checkbox"/> LACK OF APPOINTMENT	<input type="checkbox"/> OUTSIDE THE SCOPE
<input type="checkbox"/> OTHER	

**ORDER AUTHORIZING PAYMENT**

I do hereby certify to the Commissioners Court of Denton County, Texas that the above-named Defendant was charged with a felony offense(s). The Court found the Defendant was indigent and/or in the interest of justice was entitled to appointment of counsel. That said counsel is entitled to the reasonable sum authorized below as compensation for such services to be paid from the General Fund of Denton County, Texas, pursuant to Article 26.05 of the Texas Code of Criminal Procedure.

Entered and Certified on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

AMOUNT AUTHORIZED: \$ \_\_\_\_\_

Prison/Jail                      WD/SUB/RELEASED  
 Probation/Specialty Court

Presiding Judge, \_\_\_\_\_ District Court