COUNTY AUDITOR'S FORM
HIDALGO COUNTY, TEXAS
(REV. 10/07)

# ATTORNEY FEES EXPENSE CLAIM FORM

*UNDER ARTICLE 26.05. CODE OF CRIMINAL PROCEDURE AS AMENDED*

## CASE INFORMATION

CASE NUMBER(S)

COURT NUMBER

**Choose a Court**

DEFENDANT NAME

## FEE SCHEDULE

| | RATE | HOURS | AMOUNT |
|---|---|---|---|
| OUT OF COURT | $40 | | |
| IN COURT | $70 | | |
| SUBTOTAL | | | |
| INVESTIGATOR | | | |
| EXPERT WITNESS | | | |
| OTHER EXPENSES | | | |
| FEES SET BY COURT | $ | TOTAL | |

| DATE | TYPE OF WORK | IN COURT HOURS | OUT OF CT HOURS |
|---|---|---|---|
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| | **TOTAL HOURS** | | |

## PERSONAL INFORMATION

| VENDOR NUMBER | TELEPHONE NUMBER | BAR CARD NUMBER |
|---|---|---|
| | | |

MAILING ADDRESS

## CERTIFICATION

I, _____, Attorney at Law, swear or affirm to the Court and to 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 Board of Judges pursuant to Article 26.05 Code of Criminal Procedure effective September 1, 1987. I further swear or affirm that I have not received nor will receive any money or anything else of value for representing the accused, and I further affirm or swear that I have not submitted duplicate time charges for the same hours charged in any other case.

_____
ATTORNEY AT LAW (SIGNATURE)

APPROVED: _____ THE _____ DAY OF _____ A. D., 20_____
PRESIDING JUDGE (SIGNATURE)

FOR USE OF AUDITOR'S OFFICE ONLY

APPROVED: _____, COUNTY AUDITOR

Account No. 1100-412-30-115-016-0-333