County Auditor's Form 40, 07.01.02
Harris County, Texas (REV. 07/02)

ATTORNEY FEE CLAIM
County Criminal Courts at Law

TEX. CODE CRIM. P. ART. 26.05 (2001)

INSTRUCTIONS:
1. Before payment can be authorized, each item must be completed legibly in ink.
2. Claims for paid bills must be accompanied by receipt.
3. Completed claim shall be presented to the judge presiding for approval.
4. Payment for official county holidays is prohibited.
5. A claim for an individual case **must include the case number**.

☐ **Weekly** ☐ **Daily**	**Court**
Date(s) at $225/Day	Total Days
	TOTAL $

☐ **Individual Case**	**Court**
Case Number	Defendant Name

EVENT	HOURLY RATE	FLAT RATE	HRS/DYS	RATE PAID By Judge	AMOUNT By Judge
NON-TRIAL OR PLEA ON UNASSIGNED DAY		**$50 ea. case $100 max./day**			
MOTIONS, HEARINGS, COMPETENCY PROCEEDINGS	**$50-$90/hr**				
TRIAL	**$60-$90/hr**				
OUT-OF-COURT HOURS	**$25-$50/hr**				
APPEALS & WRITS		**$750**			
PETITION FOR DISCRETIONARY REVIEW		**$350**			
INVESTIGATOR					
EXPERT					
Dates				**TOTAL $**	

ATTORNEY INFORMATION

Name (Print)	Social Security Number	Telephone Number
Mailing Address (Number, Street, City, State, Zip)		

CERTIFICATION: I swear or affirm to the Harris County Auditor that he may rely upon the information contained above to make payment according to the fee schedule most recently adopted by the Judges of the Harris County Criminal Courts at Law. I further swear or affirm that I have not received nor will receive any money or anything else of value for representing the accused, except as otherwise disclosed to the Court in writing.

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE _____ DAY OF _____ A.D. 20_____

Approved: _____ Judge Presiding

_____ Attorney at Law (Signature)

_____ Deputy District Clerk (Signature)

_____ Attorney Name (Print Legibly)