

CLAIM FOR FELONY / JUVENILE ATTORNEY FEES
 All items to be filled out by Defendant's Court appointed Attorney
RETURN TO DISTRICT COURT

Cause No. _____

THE STATE OF TEXAS vs. _____

Name of Attorney: _____ SBN: _____

Time in Court (give dates, hours and brief explanation): Continue on back if necessary.

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL IN COURT HOURS: _____

Time out of Court (give dates, hours and brief explanation): Continue on back if necessary.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OUT OF COURT HOURS: _____

Expenses claimed (including Investigator fees - attach orders authorizing expenditures and receipts - no mileage without prior approval):

_____	_____
_____	_____

Fees received or promised (be specific):

_____	_____
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I hereby certify that I am currently authorized to practice law in the State of Texas pursuant to the rules of the State Bar of Texas and that above facts are true and correct; that no one else is being billed for the time claimed herein and that I have not been paid for these services nor received promise of payment for these services from any other source except as noted on this form.

Signature _____

Address _____

In Court _____	hrs. x \$ _____	= _____
Out Court _____	hrs. x \$ _____	= _____
Other expenses - itemized above _____		\$ _____
TOTAL TO BE PAID		\$ _____

The above Total is authorized to be paid from the county funds of _____ County, Texas

 Judge Presiding

 Date