



# Fort Bend County

## Attorney's Fee Claim Form - Felony

<b>Payment Type (Required)</b> Check for Final Payment Check for Interim Payment Check for Initial Payment Capital Murder Payment Appeal	<b>Cause Number(s) - List all</b> <hr/> <hr/> <hr/>	<b>Clerk Use Only</b> <hr/> <hr/> <hr/>
	<b>Defendant Name</b> <hr/> <hr/>	<b>Attorney Name</b> <hr/> <hr/>
		<b>Date</b> <hr/> <hr/>
	<b>Mailing Address (Street, City, State, Zip)</b> <hr/> <hr/>	

**Bar Card # Ordered to Pay**

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Attorney's Email

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Tax II

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Vendor Phone #

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**Amount Defendant Ordered to Reimburse**

### **Fee Schedule: \$200 - \$500.00 Felony Case Disposition**

THE COURT MAY APPROVE ADDITIONAL EXPENDITURES UPON GOOD CAUSE SHOWN AND RESERVES THE DISCRETION TO DEVIATE UPWARD OR DOWNWARD IN AWARDING AN ATTORNEY FEE (WHETHER BY THE HOUR OR BY THE TOTAL AWARDED FEE) DEPENDING ON THE TIME AND LABOR REQUIRED, THE COMPLEXITY OF THE CASE, AND THE EXPERIENCE AND ABILITY OF THE APPOINTED COUNSEL.

## **Appointed Counsel Hourly Worksheet**

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Total this Page

Total Subsequent Page

### Grand Total

**Certification by Attorney**

On the date submitted, the undersigned Attorney at Law, under penalty of perjury states, to wit that the attorney has competently represented the named defendant and has fully performed the services claimed above, and on all attached Subsequent Hourly Worksheets and/or itemized billing statements which are all incorporated herein by reference. That the attorney has not received and will not receive any money or valuable thing for representing said defendant, unless such payment is disclosed in writing to the Judge before whom this application is pending and that no other request for payment for the described services rendered has been paid.

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Date Submitted	Attorney's Signature	Total Hours	Total Expenses
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## ORDER

The Court finds that the total sum of

is reasonable and necessary attorney's fee and ORDERS it paid, OR

The Court REJECTS said claim for the following reason(s):

Date Approved	Judge Presiding	Signature - Judge Presiding
For Admin Use Only		
Vendor Number: _____	Accounting Unit: _____	Account _____
Activity: _____		Acct Cat _____

## **Appointed Counsel Hourly Worksheet - Continued**