



# Fort Bend County

## Attorney's Fee Claim Form - Felony

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

**Bar Card # Ordered to Pay** **Attorney's Email** **Tax ID** **Vendor Phone #** **Amount Defendant Ordered to**

## **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 Pages

### 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**

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