

CLAIM FOR CIVIL ATTORNEY FEES

All items to be filled out by Defendant's Court appointed Attorney.

RETURN TO DISTRICT COURT

Cause No. _____ -CV- _____

Style: _____

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

Fees received or promised (be specific):

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: _____