



IN THE COUNTY COURTS AT LAW OF BEXAR COUNTY TEXAS

Cause No(s). _____ Court _____
State vs. _____ SID# _____
Offense _____

CLAIM FOR PAYMENT AND REIMBURSEMENT OF COURT APPOINTED COUNSEL

In the above numbered and entitled cause(s) I, the undersigned attorney, represent to the court that the following are true and correct:

- 1) I am in good standing with the State Bar of Texas and have met all of the qualifications required to accept appointments in the County Courts at Law system of Bexar County.
2) I swear and affirm that I rendered all services to the defendant in the disposition of this cause, which were reasonable and necessary.
3) I have complied with all of the requirements of the Texas Fair Defense Act.

Final Case Disposition: [] Plea [] Trial [] Dismissal [] Appeal [] Attorney Released

Fixed Rates:

- [] Attorney released for good cause shown prior to disposition (\$25 each succeeding case) \$50
[] Discovery and Dismissal (\$25 each succeeding case, including MTRs) \$180
[] Plea and Sentence (1 defendant, \$25 each succeeding case, including MTRs) \$180
[] Disposition of Motion to Revoke Probation (\$25 each succeeding case) \$100
[] Admission to Pre-Trial Diversion Program \$180
[] Pre-Trial Diversion Removal - Sentencing \$100
[] Jury Trial/Trial before the court (includes motions, preparations & trial time) \$750
[] Appeal \$750

Additional Fees:

- [] Initial Jail Visit (must complete below and attach Attorney Visit Certification Form); \$50
*Required: [] JAIL or [] RAV Date of Visit ___/___/___
[] Auxiliary Court Bond Hearing-Single Defendant \$40
[] Auxiliary Court Bond Hearing Attorney of the Day \$200
[] Competency/Sanity Disposition without Trial \$100
[] Motions to Suppress with Live Testimony \$100
[] Post-Acquittal Expunctions filed within 30 days \$150
[] Investigator Expenses (attach invoice): \$_____

Vouchers shall be submitted at the time the case is disposed of except for trials. In the case of trial, vouchers may be submitted within 30 days of the conclusion of the case.

I RESPECTFULLY REQUEST PAYMENT IN THE TOTAL AMOUNT OF: \$_____.

Pay to (Attorney Name): _____ Bar No. _____

Attorney Address: _____ Phone No. _____

Attorney signature as verification of claim accuracy: _____ Date: _____

SWORN AND SUBSCRIBED TO ME THIS _____ DAY OF _____, _____.

Clerk of the Court

APPROVED IN THE TOTAL AMOUNT OF:
\$ _____

Presiding Judge

Date