

**ATTORNEY'S FEES & EXPENSE CLAIM FOR PER DIEM APPOINTMENT-
 HARRIS COUNTY CRIMINAL COURTS AT LAW**

Instructions:

1. List each case number, name and SPN of each defendant whom you were appointed to represent on this date.
2. Before payment can be authorized, each case must be completed legibly in ink.
3. At the conclusion of your per diem assignments, present the completed claim to the judge presiding who shall set compensation at the rate of \$75 PER DAY NOT TO EXCEED \$300 FOR MORNING DOCKET CALL.

DATE: _____

FEE: _____

Defendant	Court	Cause No.	SPN

Billing Information

SSN or IRS I.D. # _____

State Bar Number _____

Telephone Number _____

Mailing address (include Number, Street, Suite, P.O. Box, City, State, Zip Code):

I, _____, Attorney at Law, swear or affirm to the Court and to the Harris County Auditor that I was appointed by the judge presiding to represent the defendant(s) in the above case(s); that I: (1) have neither requested nor accepted, nor will I in the future accept, any additional money or anything else of value for the legal services rendered to the defendant(s) listed on this claim; (2) did not delegate or permit another lawyer, not appointed as co-counsel, to perform legal services for the defendant(s); and (3) that the Judge and County Auditor may rely upon the information contained above to make payment according to the fee schedule adopted by the Judges of the County Criminal Courts at Law pursuant to TEX. CODE CRIM. PRO. ARTICLE 26.05.

 Attorney (Signature)

Sworn to before me on _____.

 Deputy District Clerk (Signature)

The Court finds the above sum to be a reasonable attorney's fee for the professional services performed, and ORDERS the Harris County Auditor to pay the above amount to the attorney claimant.

Signed _____

 Judge Presiding, County Criminal Court at Law No. _____