

CLAIM FOR ATTORNEY'S FEES

ALL ITEMS TO BE FILLED OUT BY DEFENDANT'S COURT APPOINTED ATTORNEY

1. CAUSE NO.	
2. STATE OF TEXAS VS.	
3. NAME OF ATTORNEY	
	YEARS LICENSED
PERCENTAGE OF PRACTICE IN CRIMINAL CASES	CERTIFIED AS CRIMINAL LAW SPECIALIST
4. TIME IN COURT (DATES & HOURS SPENT)	
A	В
С	D
E	F
	TOTAL HOURS
C	B
G	H Total Hours
	OF TEXAS FOR THE CURRENT YEAR ARE PAID AND CT, AND THAT NO ONE ELSE IS BEING BILLED FOR THI
	(SIGNATURE)
OUT COURT $x $ 70.00 =$	Address:
TOTAL \$	
I CERTIFY THAT THE ABOVE APPOINTED ATT COUNTY FUNDS OF SAN PATRICIO COUNTY, TEXAS.	CORNEY SHALL BE PAID \$ FROM THE
	JUDGE PRESIDING