



COUNTY AUDITOR

Fort Bend County, Texas

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February 13, 2020

Attorney Fee/Expense Claim Form **For the County Courts at Law Misdemeanor Cases** Effective for Submissions Starting February 1, 2020

The County Court at Law Judges approved the use of the new Attorney Fee/Expense Claim Form located at: [CourtAppointedAttorneys](#) for submission of a court-ordered attorney fees and expenses for misdemeanor cases in the County Courts. **This submission process will be accomplished by first downloading the form to your PC/laptop, completing all fields, applying your digital signature, and submitting the pdf-fillable form through e-file.** E-filing instructions can be found at: [CountyClerkEfilingsrules](#). A sample form is illustrated on the pages below with sample data and notes for guidance. The field definitions and instructions for the new form are summarized as follows:

INSTRUCTIONS:

Field	Description
Court	Select the Court the case is assigned to from the drop-down selection
Cause Number	County assigned case number
Defendant Name	Defendants full name
Date	Date of form submission
Offense Level	Offense level of charge
Companion Cause Numbers	All cases related to the defendant and the primary cause number
Bar Card Number	Current bar card number
Attorney Name	Individual attorney name – not firm name
Attorney Mailing Address	Mailing address for submission of payment
Attorney Phone	Best contact number for attorney
Attorney E-mail Address	Preferred e-mail address for accounts payable to use
Punishment Assessed	Punishment assessed at disposition
Amt Defendant Ordered to Pay	Amount defendant is required to pay pursuant to disposition
In Person Attorney Contacts	Number of attorney contacts with client in person
By Phone Attorney Contacts	Number of attorney contacts with client by phone
Appointed Counsel Hourly Worksheet	
Date	Date of service by attorney(mm\dd\yyyy)
Description	Description of service by attorney (use multiple lines if needed)
Court Appearance – no Testimony	Hours (to the tenth) of service in court with no testimony
Pre-Trial Hearing – with Testimony	Hours (to the tenth) of service in court for pre-trial hearings with testimony
Trial – with Testimony	Hours (to the tenth) of service in court during trial
Hours Out of Court	Hours (to the tenth) of service out of court
Certification by Attorney	
Name	Name is replicated from Attorney Name field at top of form
Address	Address is replicated from Attorney Mailing Address field at top of form
Date of Birth	Attorney date of birth
County	County of execution of certification
Month Day Year	Month (January), day (dd), and year (yyyy) of certification

William B. Travis Building, 301 Jackson St., Suite 701, Richmond, Texas 77469

INSTRUCTIONS Continued:

Total Hours	Calculated from worksheet amounts
Reimbursable Expenses	Total of reimbursable expenses for case(s) – attach all supporting receipts and backup
Attorney’s Signature	Use Adobe digital signature certificate to apply signature to final submission – This is the last step in completing the form
Subsequent Appointed Counsel Hourly Worksheet (if needed)	
Cause Number	Replicated from Cause Number field at top of first page
Defendant Name	Replicated from Defendant Name field at top of first page
Date	Replicated from Date field at top of first page
Worksheet detail fields	Use instructions from Appointed Counsel Hourly Worksheet above

SUBMISSION PROCESS:

1. You must download the form from the browser and save to you PC/laptop before accessing.
2. Complete all fields described above before attaching the Adobe digital signature certificate (Note use tab key to navigate quickly through the fields)
 - a. Fields boxed in red are required – enter n/a or 0 (zero) if not applicable or no amount is needed
 - b. Some fields are replicated in the document to avoid duplicating entries:
 - i. Cause Number – on first and second page
 - ii. Defendant Name – on first and second page
 - iii. Date – on first and second page
 - iv. Attorney Name – in header and certification sections
 - v. Attorney Address – in header and certification sections
 - c. Some fields have restricted format:
 - i. Court – must choose from drop-down list
 - ii. Date Fields (Date-header, Date fields-worksheets, Birthdate-certification) – must use mm\dd\yyyy
 - iii. Dollar Amount Fields (Amt Defendant Ordered to Pay, Reimbursable Expenses) – must use numeric value to two decimals
 - iv. Numeric Value Fields (In Person/By Phone Attorney Contacts, Day-certification, Year-certification) – must use numeric value with no decimals
3. Appointed Counsel Hourly Worksheet
 - a. Complete one line entry for each service on the case and record hours (to the tenth) in one columnar field only for each line
 - b. Total Hours Fields – Calculate automatically
 - c. Requested Hours-Certification – Calculates from all Total Hours fields
 - d. Use multiple lines if additional description is needed (do not duplicate hours or date for multi-row description)
4. Use Subsequent Appointed Counsel Hourly Worksheet if more lines are needed for services
 - a. Header Fields (Cause Number, Defendant Name, Date) – Populate from top of first page
 - b. All hours must be entered in tenths
 - c. Total Hours at bottom of Subsequent Worksheet total and populate on the first page automatically
 - d. You do not have to submit the Subsequent Worksheet if no detail lines are populated
5. Special action buttons (Clear, Print, Save) – Available to perform single click functions before signing
6. Attorney’s Signature Certification Section – When form is complete you must affix a digital signature through Adobe by clicking on the field. You may use another digital signature provider if you choose
 - a. If you do not have a digital signature, Adobe will guide you on the creation of a unique signature for you. Once completed it will be available the next time you process/sign a form
7. The Form will prompt you to save after attaching your digital signature use the following naming convention for the file separated by an underscore (no spaces): Cause number(no hyphens)_last date of service (yyyymmdd). Example: 20CCR123456_20200120.pdf
8. Once saved you will submit the completed-signed form through E-file (see link at top of first page)

QUESTIONS:

1. Inquiries regarding form completion – 281-341-3767 or APAuditor@fortbendcountytx.gov
2. Inquiries regarding e-filing – 281-341-8685 or CClerk@fortbendcountytx.gov

Fort Bend County

Attorney Fee/Expense Claim Form Instructions

For the County Courts at Law Misdemeanor Cases
Effective for Submissions Starting February 1, 2020

Fields boxed in red are required to be completed by attorney

Special action buttons may be used to clear, print or save


Complete the worksheet to detail all work effort for case. Use multiple lines for description if necessary. Use Subsequent worksheet on page 2 for additional work hours. Total hours calculates to tenth of hour.

Complete fields boxed in red for certification.

Reimbursable expenses must include receipts and/or backup

Use digital signature from Adobe or other provider.

Some fields are replicated on the form to prevent dual entry



Fort Bend County

Attorney's Fee/Expense Claim Form - Misdemeanor

Court at Law 1	20-CCR-123456	Ed the Defendant	01/21/2020
Court	Cause Number	Defendant Name	Date
2	Resisting Arrest	20-CCR-234567, 20-CCR-345678, 20-CCR-456789	
Offense Level	Offense Charge	Companion Cause Numbers (if any)	
12345678	Ed the Attorney	301 Jackson St, Suite 701, Richmond TX 77469	
Bar Card #	Attorney Name	Attorney Mailing Address (Street, City, State, Zip)	
(281) 341-3760	Attorney@MyEmail.com	6 months, 1 year probation	
Attorney Phone	Attorney E-mail Address	Punishment Assessed	\$ 500.00
			Amt Defendant In Person By Phone
			Ordered to pay Attorney Contacts

Vendor #	100426100	63000	INDEFENSE	AT
Acct Unit	Account	Activity	Acct Cat	

FEE SCHEDULE: \$65.00 - \$175.00 per hour

INSTRUCTIONS:

- Time shall be billed in TENTH of an hour.
- Multiple charges for the same Defendant may be included on one form. Ensure you include the companion cause numbers above and detailed descriptions of the work performed for each particular charge below. Failure to properly explain which charge the billed hours applies may result in non-payment for that hour.
- Submit paid bills for Investigators/Experts with this form. Expert and/or Investigative Fees shall be paid pursuant to CCP Art. § 26.05(d) & § 26.052(f)(g)(h).

Clear Form Print Form Save Form

		Hours In Court			
Date	Description	Court Appearance no Testimony (by .10)	Pre-Trial Hearing with Testimony (by .10)	Trial with Testimony (by .10)	Hours Out of Court (by .10)
		01/01/2020	Review Allegations with DA		
01/03/2020	Discuss charges with defendant by phone				1.5
01/08/2020	Hearing to request reset	1.0			
01/10/2020	Draft letter requestion discovery				1.0
01/11/2020	Hearing to request reset	1.0			
Total Hours this Page		2.0	0.0	0.0	4.0
Total Hours Subsequent Page		2.0	2.0	3.0	8.0
Grand Total Hours		4.0	2.0	3.0	12.5

Certification by Attorney

On the date submitted, the undersigned attorney at law, knowingly makes the following statements of material fact to the tribunal: (1) I competently represented the named defendant; (2) I fully performed the services claimed above; (3) I fully performed the work which required me to spend the actual time reflected on all Subsequent Appointed Counsel Hourly Worksheets and/or itemized billing statements which are incorporated in this form by reference; (4) I have 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 (5) No other request for payment for the described services rendered has been paid.

My name is Ed the Attorney My address is 301 Jackson St, Suite 701, Richmond TX 77469

My date of birth is 03/25/1966. I declare under penalty of perjury that the foregoing is true and correct.

Executed in Fort Bend County, Texas on January 20 2020 Requested: 21.5 Total Hours \$ 500.00 Reimbursable Expenses (attach receipts/backup)

Sturdivant, Ed (Robert)

Attorney's Signature Court Use Only

ORDER

The Court finds that the following amount for attorney's fees inclusive of any reimbursable expenses is reasonable and necessary as supported by the following approved hours and ORDERS it paid:

Payment Approved Hours Approved

AND/OR the Court REDUCES/REJECTS said claim for the following reason(s): _____

Date Approved Judge Presiding Signature - Judge Presiding

