

ATTORNEY FEES EXPENSE CLAIM  
DISTRICT COURTS-COURT APPEARANCE  
UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE  
AS AMENDED

INSTRUCTIONS

Show only one defendant per claim.  
Before payment can be authorized, each item must be completed legibly in ink.  
For investigations, paid bills must be submitted by the attorney for expenses claimed.  
Forward completed claim to the presiding judge for approval.

Court No.	Defendant Name	Case Number(s)	Charge(s)
185	George Floyd	976589	PCS < 1 yr

INDIVIDUAL CASE APPOINTMENT		Number of Court Days/Hours	RATE	TOTAL (presumptive max.)	AMOUNT (Judge Completes)
-----------------------------	--	----------------------------	------	--------------------------	--------------------------

NON-TRIAL	First Degree		\$250/day	\$1,250	
	Second Degree		\$200/day	\$1,000	
	Third Degree, SJF, MRP/MAJ	2	\$150/day	\$750	300.00

TRIAL	First Degree		\$500/day		
	Second Degree		\$400/day		
	Third Degree, SJF, MRP/MAJ		\$300/day		

PRE-TRIAL HEARING w/ TESTIMONY		\$350/day		
--------------------------------	--	-----------	--	--

OUT OF COURT HOURS*	First Degree		\$100/hour	\$2,000	
	Second Degree		\$75/hour	\$750	
	Third Degree, SJF, MRP/MAJ		\$50/hour	\$500	

INVESTIGATION	Prior written court approval required. Itemized bill required. Expert expenses paid per County policy.	\$750/case	
EXPERT TESTIMONY		\$750/case	

MENTAL HEALTH SUPPLEMENT*		\$50/hour	\$250	
---------------------------	--	-----------	-------	--

BILINGUAL SUPPLEMENT		\$50/day	\$250	
----------------------	--	----------	-------	--

AFTER HOURS SUPP. (Trial/Hearing after 6:00 pm)		\$50/hour		
---	--	-----------	--	--

OTHER- Prior Approval of Fee Schedule Committee Required.				
---	--	--	--	--

*Must detail on Out-of-Court voucher form				
---	--	--	--	--

TOTAL				300.00
-------	--	--	--	--------

List date(s) of all Court Appearances. Attach any Out-of-Court voucher form.  
Non Trial | 6-29-04, 7-2-04

PERSONAL INFORMATION

Social Security Number	Telephone Number	Bar Card Number
458-21-5755	(713) 224-8383	03069400

Mailing Address (Number, Street, Suite, City, State, Zip Code)
11310 Glenora Houston, TX 77065

CERTIFICATION

I, James M. Brooks, Attorney at Law, swear to affirm to the Harris County Auditor that he may rely upon the information contained above make payment according to the fee schedule adopted by the Board of District Judges Trying Criminal Cases pursuant to Article 26.05 Code of Criminal Procedure effective January 1, 2002. I further swear or affirm that I have not received nor will receive any money or anything else of value for representing the accused, except as otherwise disclosed to the Court in writing.

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE 22 DAY OF July A.D. 2004

Approved <u>[Signature]</u> <u>J. WARE</u> District Clerk Deputy (Signature)	<u>[Signature]</u> James M. Brooks Attorney Name (print legibly)
--	--