

ATTORNEY FEES EXPENSE CLAIM FORM
 UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE AS AMENDED



CASE INFORMATION		FEE SCHEDULE			
CASE NUMBER(S) CR-05-8966-E		RATE	HOURS	AMOUNT	
	OUT OF COURT	\$40	2.0	80.00	
COURT NUMBER CCL # 5		IN COURT	\$70	1.0	70.00
	SUBTOTAL				
DEFENDANT NAME Juan A. G. Rodriguez	INVESTIGATOR				
	EXPERT WITNESS				
	OTHER EXPENSES				
	FEES SET BY COURT	\$	TOTAL	150.00	

DATE	TYPE OF WORK	IN COURT HOURS	OUT OF CT HOURS
3-8-08	Computer Research; Prep. File		0.5
4-8-08	Cont. v Bailiff of CCL#5		0.25
4-9-08	Computer Research		0.25
4-9-08	Prepared & filed PIT Mot.s & Orders		1.0
4-9-08	Final Plea Hearing; Cont. v A.D.A.; Rev. File; Cont. v PD	1.0	
TOTAL HOURS		1.0	2.0

PERSONAL INFORMATION		
VENDOR NUMBER	TELEPHONE NUMBER (951) 867-2375	BAR CARD NUMBER CC7875116
MAILING ADDRESS 125 W. Cherokee Ave. Pharr, TX 78577		

CERTIFICATION

I, J. ROEL LAYCIA, Attorney at Law, swear or affirm to the Court and to the County Auditor that the information contained above is true and correct, and payment would not be contrary to the fee schedule adopted by the Board of Judges pursuant to Article 26.05 Code of Criminal Procedure effective September 1, 1987. I further swear or affirm that I have not received nor will receive any money or anything else of value for representing the accused, and I further affirm or swear that I have not submitted duplicate time charges for the same hours charged in any other case.

APPROVED: [Signature] PRESIDING JUDGE (SIGNATURE) THE 10th DAY OF April A.D. 2012

APPROVED: [Signature] ATTORNEY AT LAW (SIGNATURE)

FOR USE OF AUDITOR'S OFFICE ONLY

APPROVED: _____ COUNTY AUDITOR