

COUNTY of HIDALGO



EDINBURG, TEXAS 78539

HIDALGO COUNTY AUDITOR'S OFFICE
County Administration Building 3rd Floor
100 East Cano
Edinburg, Texas 78539-3587
PHONE: (956) 318-2511
FAX: (956) 318-2577
WEBSITE: www.co.hidalgo.tx.us/auditor

MAILING ADDRESS:
HIDALGO COUNTY AUDITOR'S OFFICE
P. O. BOX 689
EDINBURG, TEXAS 78540-0689

OFFICE OF THE COUNTY AUDITOR

NOTICE OF DISCREPANCY AND/OR ADVISORY

DATE: 01/18/13

TO: Ricardo Palacios

FROM: Peggy Young

PHONE: (956) 318-2511 ext. 4621

REFERENCE: Attorney Vouchers CR-06-6126-B, 07-10891-B, CR-08-8014-B, CR-08-8015-B, CR-08-6749-B, CR08-4761-B
CR-08-1342-E, CR-08-10134-G AND 08-3158-E

THE FOLLOWING DOCUMENT (S), i.e. ATTORNEY VOUCHERS IS/ARE BEING RETURNED, BECAUSE OF THE REASON (S) INDICATED BELOW AND REQUIRES YOUR IMMEDIATE ATTENTION. CORRECTIVE ACTION IS NECESSARY IN ORDER FOR MY OFFICE TO PERFORM ITS DUTIES ACCORDING TO STATUTES, POLICIES, FEDERAL REGULATIONS, AND ACCOUNTING STANDARDS.

PAYMENT (S) OF CLAIMS RELATED TO THIS DOCUMENT (S) WILL BE MADE AS SOON AS POSSIBLE AFTER CORRECTIVE ACTIONS HAS BEEN TAKEN AND THE CORRECTED AND PROPER DOCUMENTATION HAS BEEN SUBMITTED/RESUBMITTED TO THE AUDITOR'S OFFICE WITH SUFFICIENT TIME FOR THE AUDITOR TO EXAMINE AND APPROVE BEFORE THE NEXT SCHEDULED MEETING OF THE HIDALGO COUNTY COMMISSIONERS COURT, AS PER LOCAL GOVERNMENT CODE 113.064.

- EXPENDITURE INCURRED BEFORE PURCHASE ORDER ISSUED – PLEASE FOLLOW PROPER CLAIMS PROCEDURES
- PURCHASE ORDER NUMBER IS INCONSISTENT WITH INVOICE
- AMOUNT BILLED DOES NOT MATCH THE PURCHASE ORDER AMOUNT
- VENDOR ON PURCHASE ORDER DOES NOT MATCH INVOICE
- INSUFFICIENT DOCUMENTATION TO PROCESS PAYMENT
- SIGNATURE OR DATE NOT PRESENT
- SYSTEM SHOWS INVOICE PAID
- INSUFFICIENT FUNDING IN ACCOUNT # _____ AVAILABLE \$.
- NEEDS APPROVAL OF:
- NEEDS COMPLIANCE WITH PURCHASING POLICY/STATUTES/CONTRACTS (SEE COMMENTS):
- NEEDS CORRECTION (S):
- NEEDS ADDITIONAL DOCUMENTATION i.e.,:

OTHER: It is past the four year limitation to bill the county for the attached vouchers.

COMMENTS / RECOMMENDATION: _____

COUNTY AUDITOR'S FORM: RE-CA-020
REVISED: 01/2007



cc 1/22/13

HIDALGO COUNTY DISTRICT JUDGES

RICARDO P. RODRIGUEZ, JR.
JUDGE, 92ND D.C.

RODOLFO DELGADO
JUDGE, 93RD D.C.

J. R. "BOBBY" FLORES
JUDGE, 139TH D.C.

ROSE GUERRA REYNA
JUDGE, 206TH D.C.

JUAN R. PARTIDA
JUDGE, 275TH D.C.

MARIO E. RAMIREZ, JR.
JUDGE, 332ND D.C.

NOE GONZALEZ
JUDGE, 370TH D.C.
OVERSEER

LETICIA LOPEZ
JUDGE, 389TH D.C.

AIDA SALINAS FLORES
JUDGE, 398TH D.C.

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



CASE INFORMATION	FEE SCHEDULE		
DEFENDANT NAME Elias Enriquez <small>(SHOW ONLY ONE DEFENDANT PER CLAIM)</small>	DESCRIPTION	RATE	AMOUNT
CASE NUMBER(S) CR06-6126-B <small>(LIST ALL CASES RELATED TO THIS CLAIM)</small>	OUT OF COURT	\$40	1 40. ⁰⁰
COURT NUMBER COUNTY COURT AT LAW # 2	IN COURT	\$70	3 210. ⁰⁰
	OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION		
	<input type="checkbox"/> INVESTIGATOR	<input type="checkbox"/> EXPERT	<input type="checkbox"/> OTHER
	FEE SET BY COURT		TOTAL 250.⁰⁰
	<input type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE		<input type="checkbox"/> OTHER:
	<small>JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)</small>		

DATE	TYPE OF WORK	IN COURT HOURS	OUT OF CT HOURS
7-12-06	Attend Prtg hearing	1	
7-12-06	met w/ ADA for view file		.5
7-12-06	met w/ defendant to discuss case		.5
9-28-06	Attend Pre-trial hearing	.5	
10-17-06	Attend trial before the court	1	
10-20-06	CASE Disposed	.5	
		TOTAL HOURS	3

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 COUNTY AUDITOR
 2012 DEC 19 PM 4 25

PERSONAL INFORMATION			
VENDOR NUMBER	324019	TELEPHONE NUMBER	956-618-0115
MAILING ADDRESS	Gonzalez Palacios, LLP 1317 E Quebec Ave. McAllen TX 78503		BAR CARD NUMBER
			24010990

CERTIFICATION			
I, Ricardo Palacios , 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:		THE	DAY OF
	PRESIDING JUDGE (SIGNATURE)		A.D. 12

FOR USE OF AUDITOR'S OFFICE ONLY	
APPROVED:	COUNTY AUDITOR

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



CASE INFORMATION		FEE SCHEDULE			
DEFENDANT NAME Juan Mauricio Mendez Esquivel	(SHOW ONLY ONE DEFENDANT PER CLAIM)	DESCRIPTION	RATE	HOURS	AMOUNT
CASE NUMBER(S) CR-07-10891-B	(LIST ALL CASES RELATED TO THIS CLAIM)	OUT OF COURT	\$40		
COURT NUMBER COUNTY COURT AT LAW # 2		IN COURT	\$70	3	4210.⁰⁰
		OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION			
		<input type="checkbox"/> INVESTIGATOR	<input type="checkbox"/> EXPERT	<input type="checkbox"/> OTHER	
		FEE SET BY COURT		TOTAL	4210.⁰⁰
		<input type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE		<input type="checkbox"/> OTHER:	
JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)					

DATE	TYPE OF WORK	IN COURT HOURS	OUT OF CT HOURS
11-16-07	Attend Trial/Pre hearing, met w/ ADP to review file, met w/ defendant to discuss case, case disposed	3	
TOTAL HOURS			

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PERSONAL INFORMATION			
VENDOR NUMBER 324019	TELEPHONE NUMBER 956-618-0115	BAR CARD NUMBER	24010990
MAILING ADDRESS Gonzalez Palacios, LLP 1317 E Quebec Ave. McAllen TX 78503			

CERTIFICATION			
I, Ricardo Palacios , 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	 PRESIDING JUDGE (SIGNATURE)	THE _____ DAY OF _____	A.D. 2012 ATTORNEY AT LAW (SIGNATURE)

APPROVED	FOR USE OF AUDITOR'S OFFICE ONLY	Account No 1100-412-30-115-016-0-333
COUNTY AUDITOR		

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



CASE INFORMATION

DEFENDANT NAME (SHOW ONLY ONE DEFENDANT PER CLAIM)
Miguel Angel Aguilar

CASE NUMBER(S) (LIST ALL CASES RELATED TO THIS CLAIM)
CR-08-8014-B & CR-08-8015-B

COURT NUMBER
COUNTY COURT AT LAW # 2

FEE SCHEDULE

DESCRIPTION	RATE	HOURS	AMOUNT
OUT OF COURT	\$40	1	40.00
IN COURT	\$70	2	140.00

OTHER LEGAL SERVICES REIMBURSEMENT
REQUIRE PROPER DOCUMENTATION

INVESTIGATOR EXPERT OTHER

FEE SET BY COURT: _____ TOTAL: **180.00**

COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE OTHER: _____

JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)

DATE	TYPE OF WORK	IN COURT HOURS	OUT OF CT HOURS
8-21-08	Attend Prog. hearing	1	
8-21-08	met w/ defendant to discuss case		.5
8-21-08	met w/ D.A. to review file		.5
9-2-08	Attend final hearing, case disposed	1	
		TOTAL HOURS	2

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PERSONAL INFORMATION

VENDOR NUMBER: **324019** TELEPHONE NUMBER: **956-618-0115** BAR CARD NUMBER: **24010990**

MAILING ADDRESS: **Gonzalez Palacios, LLP 1317 E Quebec Ave. McAllen TX 78503**

CERTIFICATION

I, **Ricardo Palacios**, 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: ATTORNEY AT LAW (SIGNATURE)

APPROVED: PRESIDING JUDGE (SIGNATURE) THE _____ DAY OF _____ A.D. 2012

FOR USE OF AUDITOR'S OFFICE ONLY

APPROVED: _____ COUNTY AUDITOR

Account No. 1100-412-30-115-018-0-333

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



CASE INFORMATION

DEFENDANT NAME (SHOW ONLY ONE DEFENDANT PER CLAIM)

Jacob Lee Herrera Riojas

CASE NUMBER(S) (LIST ALL CASES RELATED TO THIS CLAIM)

CR-08-6749-B

CHECK HERE IF APPEAL

COURT NUMBER

COUNTY COURT AT LAW # 2

FEE SCHEDULE

DESCRIPTION	RATE	HOURS	AMOUNT
OUT OF COURT	\$70	2.00 1.0	70.00 140.00
IN COURT	\$100	.5 1.00	50.00 100.00
OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION		3.00	240.00

INVESTIGATOR EXPERT OTHER

FEES SET BY COURT

TOTAL

240.00

COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE

OTHER:

120.00

JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)

unable to pay part of yr.

DATE	TYPE OF WORK	IN COURT HOURS	OUT OF CT HOURS
7/30/2008	Attend arraignment hearing.		
8/5/2008	Met with ADA to review file.	0.50	
8/5/2008	Met with defendant to discuss case.		0.50
11/19/2009	Prepared and filed motions.		1.00
12/8/2009	Attend final hearing. Case disposed.	0.50	
		TOTAL HOURS	1.00 2.00

2008 rates

*in court = 70.00 p/hr. .50 @ 70 = 35.00
 out court = 40.00 p/hr. 1 @ 40 = 40.00
 \$75.00*

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PERSONAL INFORMATION

VENDOR NUMBER **324019** TELEPHONE NUMBER **618-0115** BAR CARD NUMBER **24010990**
 MAILING ADDRESS **Gonzalez Palacios, LLP 1317 E. Quebec Ave. McAllen, Texas 78503**

CERTIFICATION

I, **Ricardo Palacios**, 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

PRESIDING JUDGE (SIGNATURE)

THE DAY OF

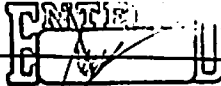
ATTORNEY AT LAW (SIGNATURE)

A.D. 20

FOR USE OF AUDITOR'S OFFICE ONLY

APPROVED

COUNTY AUDITOR



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



CASE INFORMATION

DEFENDANT NAME (SHOW ONLY ONE DEFENDANT PER CLAIM)
Stephanie Maya Witte

CASE NUMBER(S) (LIST ALL CASES RELATED TO THIS CLAIM)
CR-08-4761-B

CHECK HERE IF APPEAL
 COURT NUMBER
COUNTY COURT AT LAW # 2

FEE SCHEDULE

DESCRIPTION	RATE	HOURS	AMOUNT
OUT OF COURT	\$70	1.00	70.00
IN COURT	\$100	1.50	150.00
OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION		2.50	220.00
<input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> EXPERT <input type="checkbox"/> OTHER			
FEE SET BY COURT		TOTAL	220.00
<input type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE		<input type="checkbox"/> OTHER:	50.00

JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)

DATE	TYPE OF WORK	IN COURT HOURS	OUT OF CT HOURS
10/26/2007	Attend arraignment hearing.		
10/26/2007	Met with ADA to review file.	0.50	
1/21/2008	Met with defendant to discuss case.		0.50
9/4/2008	Attend pre-trial hearing.	0.50	0.50
8/11/2009	Attend final hearing. Case disposed.	0.50	
		TOTAL HOURS	1.50

Unable to pay. Part of date of service

2008 rates \$70 / in court, \$40 / out court

1 @ 70 = \$70.00
1 @ 40 = \$40.00
110.00

2012 DEC 19 PM 4 25
 RECEIVED BY COUNTY AUDITOR

PERSONAL INFORMATION

VENDOR NUMBER: **324019** TELEPHONE NUMBER: **618-0115** BAR CARD NUMBER: **24010990**

MAILING ADDRESS: **Gonzalez Palacios, LLP 1317 E. Quebec Ave. McAllen, Texas 78503**

CERTIFICATION

I, **Ricardo Palacios**, 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 _____ DAY OF _____ A.D., 2012

ATTORNEY AT LAW (SIGNATURE)
[Signature]

FOR USE OF AUDITOR'S OFFICE ONLY

APPROVED: _____ COUNTY AUDITOR

Account No. 1100-412-30-115-010-0-333

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



CASE INFORMATION

DEFENDANT NAME (SHOW ONLY ONE DEFENDANT PER CLAIM)
Michelle Lee Zamora

CASE NUMBER(S) (LIST ALL CASES RELATED TO THIS CLAIM)
CR-08-10134-G

CHECK HERE IF APPEAL COURT NUMBER
COUNTY COURT AT LAW # 7

FEE SCHEDULE

DESCRIPTION	RATE	HOURS	AMOUNT
OUT OF COURT	\$70	1.00	70.00
IN COURT	\$100	.15	15.00
OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION		2.25	195.00
<input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> EXPERT <input type="checkbox"/> OTHER			
FEE SET BY COURT	250.00		TOTAL 195.00
<input checked="" type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE		<input type="checkbox"/> OTHER: 75.00	

JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)

DATE	TYPE OF WORK	IN COURT HOURS	OUT OF CT HOURS
11/12/2008	Attend arraignment hearing.	0.50	
11/12/2008	Met with ADA to review file.		0.50
11/12/2008	Met with defendant to discuss case.		0.50
11/23/2011	Transfer to County Court at Law #7.		
12/2/2011	Attend final hearing. Case disposed.	0.75	
		TOTAL HOURS	1.25

Unable to pay - part of yr. statute

2008 rates \$70/in court \$40 out/court

.50 @ 70.00 = 35.00
1.0 @ 40.00 = 40.00
75.00

2012 DEC 19 PM 4 23
RECEIVED BY COUNTY AUDITOR

PERSONAL INFORMATION

VENDOR NUMBER **324019** TELEPHONE NUMBER **618-0115** BAR CARD NUMBER **24010990**

MAILING ADDRESS **Gonzalez Palacios, LLP 1317 E. Quebec Ave. McAllen, Texas 78503**

CERTIFICATION

I, **Ricardo Palacios**, 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 _____ DAY OF _____ A.D. 20__

ATTORNEY AT LAW (SIGNATURE)
[Signature]

FOR USE OF AUDITOR'S OFFICE ONLY

APPROVED COUNTY AUDITOR

Account No. 1100 412-30-115-016-0-333

ATTORNEY FEES EXPENSE CLAIM FORM

UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE AS AMENDED



CASE INFORMATION		FEE SCHEDULE																															
<p>DEFENDANT NAME <small>(SHOW ONLY ONE DEFENDANT PER CLAIM)</small></p> <p style="text-align: center; font-size: 1.2em;">Martin Borjes Espinoza, Jr.</p> <p>CASE NUMBER(S) <small>(LIST ALL CASES RELATED TO THIS CLAIM)</small></p> <p style="text-align: center; font-size: 1.2em;">CR-08-3158-E</p> <p>COURT NUMBER</p> <p style="text-align: center; font-size: 1.2em;">COUNTY COURT AT LAW # 5</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">DESCRIPTION</th> <th style="width: 10%;">RATE</th> <th style="width: 10%;">HOURS</th> <th style="width: 20%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>OUT OF COURT</td> <td style="text-align: center;">\$40</td> <td></td> <td></td> </tr> <tr> <td>IN COURT</td> <td style="text-align: center;">\$70</td> <td style="text-align: center; font-size: 1.5em;">3</td> <td style="text-align: center; font-size: 1.5em;">\$210.⁰⁰</td> </tr> <tr> <td colspan="4">OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> EXPERT <input type="checkbox"/> OTHER </td> </tr> <tr> <td colspan="2">FEES SET BY COURT</td> <td colspan="2">TOTAL</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE</td> <td colspan="2" style="text-align: center; font-size: 1.5em;">\$210.⁰⁰</td> </tr> <tr> <td colspan="4" style="text-align: center; font-size: 0.8em;">JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)</td> </tr> </tbody> </table>	DESCRIPTION	RATE	HOURS	AMOUNT	OUT OF COURT	\$40			IN COURT	\$70	3	\$210. ⁰⁰	OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION				<input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> EXPERT <input type="checkbox"/> OTHER				FEES SET BY COURT		TOTAL		<input type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE		\$210. ⁰⁰		JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)			
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JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)																																	

DATE	TYPE OF WORK	IN COURT HOURS	OUT OF CT HOURS
6-4-08	Attend Jail case hearing, met w/ ADA to review file, met w/ defendant to discuss case, case disposed	3	
TOTAL HOURS		3	

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PERSONAL INFORMATION			
VENDOR NUMBER	324019	TELEPHONE NUMBER	956-618-0115
MAILING ADDRESS	Gonzalez Palacios, LLP 1317 E Quebec Ave. McAllen TX 78503		
		BAR CARD NUMBER	24010990

CERTIFICATION	
<p>I, Ricardo Palacios, 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.</p>	<p style="text-align: right;">_____ ATTORNEY AT LAW (SIGNATURE)</p> <p style="text-align: center;">THE 10 DAY OF Dec. A.D. 2012</p> <p style="text-align: center;">_____ PRESIDING JUDGE (SIGNATURE)</p>

FOR USE OF AUDITOR'S OFFICE ONLY	
APPROVED _____ COUNTY AUDITOR	Account No. 1100-412-30-115-016-0-333

COUNTY of HIDALGO



EDINBURG, TEXAS 78539

HIDALGO COUNTY AUDITOR'S OFFICE
Hidalgo County Administration Building
2808 South Business Highway 281
Edinburg, Texas 78539-6243
PHONE: (956) 318-2511
FAX: (956) 318-2577
WEBSITE: www.co.hidalgo.tx.us/auditor

MEMORANDUM

DATE: December 12, 2012
TO: Honorable Israel Ramon, Jr.
430th District Court
FROM: Ray Eufrazio, CPA,
Hidalgo County Auditor

REFERENCE: Discrepancy for Attorney Ricardo Palacios
Cause# CR-3453-08-J & CR-4364-08-J

The attached attorney voucher(s) is/are being returned because of the reason(s) indicated below. Payment(s) of this voucher(s) will be made as soon as possible after corrective action has been taken and the corrected and proper documentation has been submitted/resubmitted with sufficient time to examine and approve before the next scheduled meeting of the Hidalgo County Commissioners Court.

Needs approval of presiding judge as required by Hidalgo County Local Rules on Indigent Defense 8.02 and Article 26.05(c) of the Texas Code of Criminal Procedures

Needs reason(s) for adjustments to total amount requested, as required by Hidalgo County Local Rules on Indigent Defense 8.02(b) and Article 26.05(c) of the Texas Code of Criminal Procedures. When choosing "other" the judge must provide an explanation.

Other (see explanation below)

The attorneys have up to four years from the date of service to bill the county. We are unable to pay the attached vouchers because they are past the four year mark.

Should you have any questions on this matter, please call Ms. Peggy Kilgore-Young, Accounts Payable Specialist I, at (956) 318-2511 ext. 4621, or Elizabeth Cano, Accounts Payable Supervisor, at ext. 4628.

ATTACHMENT

47113 10:45am Patsy

HIDALGO COUNTY DISTRICT JUDGES

RICARDO P. RODRIGUEZ, JR.
JUDGE, 52nd D.C.

RODOLFO DELGADO
JUDGE, 53rd D.C.

J. R. "BOBBY" FLORES
JUDGE, 137th D.C.

ROSE GUERRA REYNA
JUDGE, 206th D.C.

JUAN R. PARTIDA
JUDGE, 275th D.C.

MARIO E. RAMIREZ, JR.
JUDGE, 332nd D.C.

NOE GONZALEZ
JUDGE, 370th D.C.
OVERSEER

LETICIA LOPEZ
JUDGE, 389th D.C.

AIDA SALINAS FLORES
JUDGE, 398th D.C.

ISRAEL RAMON, JR.
JUDGE, 430th D.C.

JESSE CONTRERAS
JUDGE, 448th D.C.

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



CASE INFORMATION		FEE SCHEDULE																											
DEFENDANT NAME (SHOW ONLY ONE DEFENDANT PER CLAIM) <p style="text-align: center; font-size: 1.2em;">Rene De Leon Hernandez</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">DESCRIPTION</th> <th style="width: 10%;">RATE</th> <th style="width: 10%;">HOURS</th> <th style="width: 10%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>OUT OF COURT</td> <td>\$40</td> <td>5.50</td> <td>220.00</td> </tr> <tr> <td>IN COURT</td> <td>\$70</td> <td>4.00</td> <td>280.00</td> </tr> <tr> <td colspan="3">OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION</td> <td>500.00</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> EXPERT <input type="checkbox"/> OTHER </td> </tr> <tr> <td colspan="3"> FEES SET BY COURT <i>400</i> </td> <td style="text-align: right;">TOTAL</td> </tr> <tr> <td colspan="3"> <input checked="" type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE </td> <td style="text-align: right;">500.00</td> </tr> </tbody> </table>	DESCRIPTION	RATE	HOURS	AMOUNT	OUT OF COURT	\$40	5.50	220.00	IN COURT	\$70	4.00	280.00	OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION			500.00	<input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> EXPERT <input type="checkbox"/> OTHER				FEES SET BY COURT <i>400</i>			TOTAL	<input checked="" type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE			500.00
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CASE NUMBER(S) (LIST ALL CASES RELATED TO THIS CLAIM) <p style="text-align: center; font-size: 1.2em;">CR-3453-08-J</p>	JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)																												
COURT NUMBER <p style="text-align: center; font-size: 1.2em;">Choose a Court 430th</p>																													

DATE	TYPE OF WORK	IN COURT HOURS	OUT OF CT HOURS
5/15/2008	Met with ADA to review file		0.50
5/20/2008	Met with defendant to discuss case.		1.00
9/18/2008	Prepared, drafted and filed motions		4.00
9/24/2008	Attend arraignment hearing	2.00	
10/9/2008	Attend final hearing. Case disposed	2.00	
TOTAL HOURS		4.00	5.50

PERSONAL INFORMATION			
VENDOR NUMBER	324019	TELEPHONE NUMBER	956-618-0115
MAILING ADDRESS	Gonzalez Palacios, LLP 1317 E Quebec Ave. McAllen TX 78503		
		BAR CARD NUMBER	24010990

CERTIFICATION	
I, Ricardo Palacios , 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 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	ATTORNEY AT LAW (SIGNATURE)
APPROVED PRESIDING JUDGE (SIGNATURE)	THE <i>10th</i> DAY OF <i>December</i> A.D. 20 <i>12</i>

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



CASE INFORMATION		FEE SCHEDULE																																
<p>DEFENDANT NAME (SHOW ONLY ONE DEFENDANT PER CLAIM)</p> <p align="center">Jose Manuel Orta</p> <p>CASE NUMBER(S) (LIST ALL CASES RELATED TO THIS CLAIM)</p> <p align="center">CR-4364-08-J</p> <p><input type="checkbox"/> CHECK HERE IF APPEAL</p> <p>COURT NUMBER</p> <p align="center">430th DISTRICT COURT</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">DESCRIPTION</th> <th style="width: 15%;">RATE</th> <th style="width: 15%;">HOURS</th> <th style="width: 30%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>OUT OF COURT</td> <td align="center">\$70</td> <td align="center">1.00</td> <td align="right">70.00</td> </tr> <tr> <td>IN COURT</td> <td align="center">\$100</td> <td align="center">4.00</td> <td align="right">400.00</td> </tr> <tr> <td colspan="3">OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION</td> <td align="right">5.00 470.00</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> EXPERT <input type="checkbox"/> OTHER </td> </tr> <tr> <td colspan="2">FEES SET BY COURT</td> <td align="center" style="font-size: 2em;">400</td> <td>TOTAL</td> <td align="right" style="font-size: 1.5em;">470.00</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE</td> <td colspan="2"><input type="checkbox"/> OTHER:</td> <td align="right" style="font-size: 1.5em;">400</td> </tr> </tbody> </table> <p align="center"><small>JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)</small></p>				DESCRIPTION	RATE	HOURS	AMOUNT	OUT OF COURT	\$70	1.00	70.00	IN COURT	\$100	4.00	400.00	OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION			5.00 470.00	<input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> EXPERT <input type="checkbox"/> OTHER				FEES SET BY COURT		400	TOTAL	470.00	<input checked="" type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE		<input type="checkbox"/> OTHER:		400
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DATE	TYPE OF WORK	IN COURT HOURS	OUT OF CT HOURS
11/10/2008	Attend arraignment hearing.	1.00	
11/10/2008	Met with ADA to review file.		0.50
11/10/2008	Met with defendant to discuss case.		0.50
1/8/2009	Attend pre-trial.	1.00	
1/12/2009	Attend final hearing. Case disposed.	2.00	
TOTAL HOURS		4.00	1.00

PERSONAL INFORMATION			
VENDOR NUMBER	324019	TELEPHONE NUMBER	618-0115
		BAR CARD NUMBER	24010990
MAILING ADDRESS			
Gonzalez Palacios, LLP 1317 E. Quebec Ave. McAllen, Texas 78503			

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APPROVED: _____ PRESIDING JUDGE (SIGNATURE)	

FOR USE OF AUDITOR'S OFFICE ONLY

APPROVED: _____	COUNTY AUDITOR
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ENTERED
Account No. 1100-412-30-115-016-0-333