

**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)  <div style="text-align: center; font-size: 2em; font-weight: bold;">Raven Rodriguez</div>	<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>40<sup>00</sup></td> <td><del>1.50</del></td> <td><del>105.00</del></td> </tr> <tr> <td>IN COURT</td> <td>70<sup>00</sup></td> <td><del>4.00</del></td> <td><del>400.00</del></td> </tr> <tr> <td colspan="2">OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION</td> <td>5.50</td> <td>505.00</td> </tr> </tbody> </table>	DESCRIPTION	RATE	HOURS	AMOUNT	OUT OF COURT	40 <sup>00</sup>	<del>1.50</del>	<del>105.00</del>	IN COURT	70 <sup>00</sup>	<del>4.00</del>	<del>400.00</del>	OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION		5.50	505.00
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OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION		5.50	505.00														
CASE NUMBER(S) (LIST ALL CASES RELATED TO THIS CLAIM)  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">CR-3680-08-A</div>	OTHER LEGAL SERVICES REIMBURSEMENT REQUIRE PROPER DOCUMENTATION  <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> EXPERT <input type="checkbox"/> OTHER																
<input type="checkbox"/> CHECK HERE IF APPEAL COURT NUMBER  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">92nd DISTRICT COURT</div>	FEES SET BY COURT  <input type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE <input type="checkbox"/> OTHER: <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">370.00</div>																
JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)																	

DATE	TYPE OF WORK	IN COURT HOURS	OUT OF CT HOURS
9/22/2008	Attend arraignment hearing. <i>2008 rates</i>	1.00	
9/25/2008	Met with ADA to review file. <i>3 hr. @ \$70.00 = 210.00</i>		0.50
9/25/2008	Met with defendant to discuss case. <i>1.5 @ \$40.00 = 60.00</i>		1.00
9/30/2008	Attend pre-trial hearing.	1.00	
11/24/2008	Attend pre-trial hearing.	1.00	
2/20/2009	Attend final hearing. Case disposed. <i>1 hr. @ 100.00</i>	1.00	
<i>rates prior to 2009</i> <i>† 70.00 per hr. - in court</i> <i>† 40.00 per hr. - out court</i>			
TOTAL HOURS		4.00 <i>4</i>	1.50 <i>4</i>

RECEIVED BY  
 COUNTY AUDITOR  
 2013 JAN 31 PM 11 21

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.

ATTORNEY AT LAW (SIGNATURE)

APPROVED: \_\_\_\_\_ PRESIDING JUDGE (SIGNATURE)      THE 29 DAY OF Jan A.D., 2013

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			
DEFENDANT NAME <b>Hector Raul Torres</b> <small>(SHOW ONLY ONE DEFENDANT PER CLAIM)</small>	DESCRIPTION	RATE	HOURS	AMOUNT
CASE NUMBER(S) <b>CR-2012-07-A</b> <small>(LIST ALL CASES RELATED TO THIS CLAIM)</small>	OUT OF COURT	✓ \$40	5.50	220.00
	IN COURT	✓ \$70	4.00	280.00
COURT NUMBER <b>92nd DISTRICT COURT</b>	OTHER LEGAL SERVICES REIMBURSEMENT <small>REQUIRE PROPER DOCUMENTATION</small>		<b>9.50</b>	<b>500.00</b>
	<input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> EXPERT <input type="checkbox"/> OTHER			
	FEE SET BY COURT		<b>TOTAL</b>	<b>500.00</b>
	<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
5/30/2007	Attend arraignment hearing.	1.00	
5/30/2007	Met with ADA to review file.		0.50
5/30/2007	Met with defendant to discuss case.		1.00
5/30/2007	Prepared, drafted and filed motions.		4.00
6/11/2007	Attend pre-trial. Case reset.	1.00	
7/23/2007	Attend final hearing. Case disposed.	2.00	
<b>TOTAL HOURS</b>		<b>4.00</b>	<b>5.50</b>

RECEIVED BY  
COUNTY AUDITOR  
2013 JAN 31 AM 11 21

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

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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.

\_\_\_\_\_  
 ATTORNEY AT LAW (SIGNATURE)

APPROVED: \_\_\_\_\_  
 PRESIDING JUDGE (SIGNATURE)

THE **29** DAY OF **Jan** A.D., 20**13**

# ATTORNEY FEES EXPENSE CLAIM FORM

UNDER ARTICLE 26.05, CODE OF CRIMINAL PROCEDURE AS AMENDED



CASE INFORMATION		FEE SCHEDULE																																							
DEFENDANT NAME <small>(SHOW ONLY ONE DEFENDANT PER CLAIM)</small>  <div style="text-align: center; font-size: 1.2em;"><b>Flavio Chavez</b></div>	<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 colspan="2" style="width: 35%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>OUT OF COURT</td> <td style="text-align: right;">\$40</td> <td style="text-align: right;">1.25</td> <td style="text-align: right;">50<sup>00</sup></td> <td style="text-align: right;">87.50</td> </tr> <tr> <td>IN COURT</td> <td style="text-align: right;">\$70</td> <td style="text-align: right;">4.00</td> <td style="text-align: right;">280<sup>00</sup></td> <td style="text-align: right;">400.00</td> </tr> <tr> <td colspan="3">OTHER LEGAL SERVICES REIMBURSEMENT <small>REQUIRE PROPER DOCUMENTATION</small></td> <td style="text-align: right;">5.25</td> <td style="text-align: right;">487.50</td> </tr> <tr> <td colspan="5"> <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> <td style="text-align: right;">487.50</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE             </td> <td colspan="2"> <input type="checkbox"/> OTHER:             </td> <td style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px;">330.00</td> </tr> <tr> <td colspan="5" style="text-align: center;"><small>JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)</small></td> </tr> </tbody> </table>	DESCRIPTION	RATE	HOURS	AMOUNT		OUT OF COURT	\$40	1.25	50 <sup>00</sup>	87.50	IN COURT	\$70	4.00	280 <sup>00</sup>	400.00	OTHER LEGAL SERVICES REIMBURSEMENT <small>REQUIRE PROPER DOCUMENTATION</small>			5.25	487.50	<input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> EXPERT <input type="checkbox"/> OTHER					FEES SET BY COURT		TOTAL		487.50	<input type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE		<input type="checkbox"/> OTHER:		330.00	<small>JUSTIFICATION FOR ADJUSTMENT AS PER ARTICLE 26.05 (4)(C)</small>				
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CASE NUMBER(S) <small>(LIST ALL CASES RELATED TO THIS CLAIM)</small>  <div style="text-align: center; font-size: 1.2em;"><b>CR-1505-02-A</b></div>	COURT NUMBER  <div style="text-align: center; font-size: 1.2em;"><b>92nd DISTRICT COURT</b></div>																																								

DATE	TYPE OF WORK	IN COURT HOURS	OUT OF CT HOURS
1/10/2007	Attend intitial MTAG hearing.	2.00	
1/10/2007	Met with ADA to review file.		0.50
1/10/2007	Met with defendant to discuss case.		0.75
1/17/2007	Attend final MTAG hearing. Case disposed.	2.00	
<i>* rates prior to 2009 were as follows:                      \$40.00 per hr - out of court                      \$70.00 per hr. - in court</i>			
<b>TOTAL HOURS</b>		4.00	1.25

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

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APPROVED: _____ COUNTY AUDITOR	THE <u>29</u> DAY OF <u>Jan</u> A.D., 20 <u>13</u>

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APPROVED: \_\_\_\_\_ COUNTY AUDITOR

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