

ATTORNEY FEES EXPENSE CLAIM FORM (CRIMINAL CASES ONLY)



PURSUANT TO ARTICLE 26.05 CODE OF CRIMINAL PROCEDURE AS AMENDED

SECTION A CASE INFORMATION				FEE SCHEDULE			
DEFENDANT NAME (SHOW ONLY ONE DEFENDANT PER CLAIM)				DESCRIPTION	IN COURT	OUT OF COURT	AMOUNT
Lozano, Stephanie				NON-TRIAL FEES			\$200.00
PID	1399837	APPOINTMENT DATE	10/8/2014	TRIAL FEES	\$0.00	\$0.00	\$0.00
DEGREE	MA	DISPOSITION DATE	11/18/2014	OTHER LEGAL SERVICE AMOUNT		\$0.00	\$0.00
<input type="checkbox"/> CASE IS ON-GOING	<input type="checkbox"/> APPEAL	<input type="checkbox"/> DEATH PENALTY CASE	<input type="checkbox"/> DEATH PENALTY RATE	<input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> EXPERT <input type="checkbox"/> OTHER: <small>(REIMBURSEMENTS FOR OTHER LEGAL SERVICES REQUIRE SUPPORTING DOCUMENTATION)</small>			
COURT NUMBER				FEES SET BY COURT \$		TOTAL	\$200.00
COUNTY COURT 2				JUSTIFICATION FOR ADJUSTMENT PURSUANT TO ARTICLE 26.05(4)(C):			
CASE NUMBER				<input type="checkbox"/> COMPLEXITY OF THE CASE AND/OR COUNSEL'S EXPERIENCE <input type="checkbox"/> OTHER:			
CR-14-8900-B							

SECTION B (MISDEMEANOR CASES ONLY) SERVICES PROVIDED BY ATTORNEY			
DATE	TYPE OF WORK	SERVICES PROVIDED	AMOUNT
	INITIAL JAIL VISIT	<input type="checkbox"/>	
	WRIT SECURING BOND REDUCTION	<input type="checkbox"/>	
	SECURE JAIL RELEASE	<input type="checkbox"/>	
11/18/2014	PLEA	<input checked="" type="checkbox"/>	\$200.00
	MOTION TO REVOKE / MOTION TO ADJUDICATE GUILT	<input type="checkbox"/>	
	OTHER MISDEMEANOR CASE Case # _____	<input type="checkbox"/>	
	OTHER MISDEMEANOR CASE Case # _____	<input type="checkbox"/>	
	OTHER MISDEMEANOR CASE Case # _____	<input type="checkbox"/>	
	OTHER MISDEMEANOR CASE Case # _____	<input type="checkbox"/>	
TOTAL			\$200.00

SECTION C LIST RELATED CASE NO.S	SECTION D FELONY CASES / MISDEMEANOR TRIAL WORK AND DISMISSALS			
	DATE	TYPE OF WORK	IN COURT HOURS	OUT OF COURT HOURS
TOTAL HOURS			0	0

SECTION E ATTORNEY INFORMATION		
VENDOR NUMBER	TELEPHONE NUMBER	BAR CARD NUMBER
371432	(956)207-2701	24067618
MAILING ADDRESS		
5123 N. McColl Road, McAllen, Texas 78504		

SECTION F CERTIFICATION	
I, <u>Aurelio Garza</u>	
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. 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	
APPROVED: _____ <small>PRESIDING JUDGE (SIGNATURE)</small>	<div style="text-align: center;"> _____ <small>ATTORNEY AT LAW (SIGNATURE)</small> </div> <div style="text-align: center;"> THE _____ DAY OF _____ </div>
REVIEWED BY INDIGENT DEFENSE OFFICE	