

**DISTRICT AND COUNTY COURT CLAIM AGAINST ORANGE COUNTY
FOR FEES AND/OR EXPENSES**

CASE NO: _____

STYLE OF CASE: _____

POSITION APPT TO: _____ (SEE PAGE 2)

RELATIONSHIP IF RELEVANT: _____

Schedule of amounts due by Orange County:

(a) For service hours representing _____:
Total hours _____ @ \$55.00 per hour \$ _____

(b) For each day or 1/2 day in the Trial Court.
Dates _____, _____ 1/2 days @ \$250.00 \$ _____

ACCEPTABLE EVIDENCE MUST BE SUBMITTED BY ATTORNEYS
FOR EXPENSES CLAIMED. See Attorney General's Opinion C-713.

***In accordance with SB 1369 if the total compensation paid to an appointee for one (1) case exceeds \$1000 for the month; the number of hours billed to the court for the work performed by the appointee or the appointee's employees, including paralegals. (See below for # of hours billed and total expenses billed)*

**# of hours billed: _____

**total expenses billed: _____

(c) Other Expenses: _____ \$ _____

TOTAL FEES DUE..... \$ _____

FEE SOURCE: _____ (SEE PAGE 2)

Pay this sum upon approval of the Judge of said Court to: _____

Printed name

Whose address is _____, _____ TX. _____

State bar No: _____

Signature

APPROVED: _____

PRESIDING JUDGE

DATE

Submitted to Auditor by: _____ Date: _____