EXPENSE WORKSHEET **CASE #** _____

Name of Person Represented: _____ **Page** _____ **of** _____

DATE	BRIEF DESCRIPTION OF SERVICE	MILEAGE	PARKING	MEALS	COPIES	POSTAGE	TOLL CALLS	OTHER (PLEASE SPECIFY)
	PAGE TOTAL							
	GRAND TOTAL							

OUT OF COURT WORKSHEET **CASE #_____**

Name of Person Represented:_____ **Page _____ of _____**

DATE	BRIEF DESCRIPTION OF SERVICE	INTERVIEWS AND CONFERENCES	OBTAINING AND REVIEWING	LEGAL RESEARCH / BRIEF WRITING	TRAVEL TIME	INVESTIGATIVE AND OTHER WORK
	PAGE TOTAL					
	GRAND TOTAL					

IN COURT WORKSHEET **CASE # _____**

Name of Person Represented: _____ **Page _____ of _____**

DATE	BRIEF DESCRIPTION OF SERVICE	Scheduling Conference	MOTION HEARINGS	Other Hearings	Pretrial Conference	TRIAL	OTHER (PLEASE SPECIFY)
	PAGE TOTAL						
	GRAND TOTAL						

UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF TEXAS

_____DIVISION

§
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§

CLAIM FOR REIMBURSEMENT
OF ATTORNEY COMPENSATION AND EXPENSES

Pursuant to the Plan for Reimbursement of Attorney Compensation and Expenses, I was appointed by the Honorable _____ on _____ to represent _____ in the above styled and numbered case. Final judgment was entered on _____ or I withdrew/was dismissed from the case prior to entry of a judgment on _____. (Strike out inapplicable wording.)

Under the provisions of the Plan, I request compensation as follows:

In Court Time

	Hours Claimed	Total Amount Claimed	Court Adjusted Hours	Court Adjusted Amount
Scheduling Conference		xxxxxxx		
Motion Hearings		xxxxxxx		
Other Hearings		xxxxxxx		
Pretrial Conference		xxxxxxx		
Trial		xxxxxxx		
Other (please specify)		xxxxxxx		
(Rate per hour = $) TOTALS:				

Out of Court Time

	Hours Claimed	Total Amount Claimed	Court Adjusted Hours	Court Adjusted Amount
Interviews and conferences		xxxxxxx		
Obtaining and Reviewing Records		xxxxxxx		
Legal Research and Brief Writing		xxxxxxx		
Travel Time		xxxxxxx		
Investigative and Other Work		xxxxxxx		
(Rate Per Hour = $) TOTALS:				
Travel Expenses	xxxxxxxxxx		xxxxxxxx	
Other Expenses	xxxxxxxxxx		xxxxxxxx	
GRAND TOTALS (Claimed and Adjusted)	xxxxxxxxxx		xxxxxxxx	

I certify that the above time and expenses were incurred in the preparation and presentation of this case; that these expenses do not include any costs either waived or recoverable under the provisions of Title 18 or Title

28 of the U.S. Code, or which have been recovered under any other plan; and no costs and/or fees were awarded pursuant to a judgment before this court. I certify that the hours and expenses claimed were within the period of service from _____ to _____.

Worksheets are attached outlining hours spent and expenses incurred. Receipts for any expenses claimed are also attached in support of my claim.

I swear or affirm the truth or correctness of the above statements.

_____
ATTORNEY

_____
DATE

The above claim for reimbursement of attorney compensation and expenses is APPROVED in the amount of $ _____ / DENIED.

_____
DATE

_____
UNITED STATES DISTRICT JUDGE