

**Texas Board of Pardons and Paroles  
8610 Shoal Creek Blvd.  
Hearing Operations  
Austin, Texas 78757**

**ATTORNEY STATEMENT**

Name: \_\_\_\_\_ Bar Card No. \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone No. ( ) - \_\_\_\_\_

**RELEASEE INFORMATION**

Name: \_\_\_\_\_ TDCJ/PIA No. \_\_\_\_\_ SID No. \_\_\_\_\_

Location of Hearing: Name of Facility \_\_\_\_\_

Date of Hearing: \_\_\_\_\_ Type of Hearing \_\_\_\_\_  
(Revocation/Preliminary/Continuance/Reopening/Err. Release/Sex Offender)

<u>ACTIVITY</u>	<u>DATES OF SERVICE</u>	<u>HOURS</u>	<u>MINUTES</u>
Offender Interview	_____	_____	_____
Preparation for Hearing	_____	_____	_____
Out of County Travel Time	_____	_____	_____
Prehearing Time (See instructions)	_____	_____	_____
Hearing Time	_____	_____	_____
Posthearing Time (See instructions)	_____	_____	_____
Appeal (Motion to Reopen or Reinstate)	_____	_____	_____
<b>Total Hours/Minutes:</b>			

**EXPENSES**

In-County Mileage \_\_\_\_\_ x \$0.545 per mile  
Attach a memo clarifying mileage. \_\_\_\_\_

Lodging/ Meals/Parking/Tolls (Attach Receipts) \_\_\_\_\_

Representation Fee (Use Schedule on Back) \_\_\_\_\_

Total Reimbursement Requested \_\_\_\_\_

**I do hereby certify that I represented the above named releasee during the revocation process; and that I have not received nor do I expect to receive any compensation from the releasee for such representation.**

\_\_\_\_\_  
Attorney Original Signature

\_\_\_\_\_  
Date

**REIMBURSEMENT SCHEDULE**

HOURS	RATE	HOURS	RATE
0.01 - 1.00 =	\$ 75.00	12.01 - 13.00 =	\$ 535.00
1.01 - 2.00 =	\$ 150.00	13.01 - 14.00 =	\$ 570.00
2.01 - 3.00 =	\$ 185.00	14.01 - 15.00 =	\$ 605.00
3.01 - 4.00 =	\$ 220.00	15.01 - 16.00 =	\$ 640.00
4.01 - 5.00 =	\$ 255.00	16.01 - 17.00 =	\$ 675.00
5.01 - 6.00 =	\$ 290.00	17.01 - 18.00 =	\$ 710.00
6.01 - 7.00 =	\$ 325.00	18.01 - 19.00 =	\$ 745.00
7.01 - 8.00 =	\$ 360.00	19.01 - 20.00 =	\$ 780.00
8.01 - 9.00 =	\$ 395.00	20.01 - 21.00 =	\$ 815.00
9.01 - 10.00 =	\$ 430.00	21.01 - 22.00 =	\$ 850.00
10.01 - 11.00 =	\$ 465.00	22.01 - 23.00 =	\$ 885.00
11.01 - 12.00 =	\$ 500.00	23.01 - 24.00 =	\$ 920.00

- REIMBURSEMENT FOR CONTINUED HEARINGS IS PAID AT STRAIGHT \$35.00/HR. AFTER THE INITIAL TWO HOURS ARE PAID AT REGULAR RATE.
- REIMBURSEMENT FOR REOPENED HEARINGS IS PAID AT STRAIGHT \$35.00/HR.
- WE CANNOT PAY MILEAGE AND TRAVEL TIME; MILEAGE IS PAID FOR IN-COUNTY HEARINGS. TRAVEL TIME IS PAID FOR OUT-OF COUNTY HEARINGS.
- REIMBURSEMENT FOR PARKING EXCEEDING \$15 WILL REQUIRE A RECEIPT OR WRITTEN EXPLANATION.
- ATTORNEY STATEMENTS MUST BE LEGIBLE, COMPLETE, AND SIGNED.
- DO NOT COMBINE MULTIPLE HEARINGS IN ONE STATEMENT.

**\*\*IMPORTANT\*\***

**ATTORNEY STATEMENTS MUST BE SUBMITTED WITHIN SIXTY (60) DAYS FROM COMPLETION OF “EACH” STEP WITHIN THE HEARING PROCESS.**