

**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: \_\_\_\_\_ TDC/PIA No. \_\_\_\_\_

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

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

<u>ACTIVITY</u>	<u>DATES OF SERVICE</u>	<u>HOURS</u>	<u>MINUTES</u>
Releasee Interview	_____	_____	_____
Preparation for Hearing	_____	_____	_____
Out of County Travel Time	_____	_____	_____
*Prehearing Time	_____	_____	_____
Hearing Time	_____	_____	_____
*Posthearing Time	_____	_____	_____
*Must be the same day of the hearing	_____	_____	_____
Appeal (Motion to Reopen or Reinstate)	_____	_____	_____
<b>Total Hours/Minutes:</b>			

**EXPENSES**

In-County Mileage \_\_\_\_\_ x 0.555 cents per mile \_\_\_\_\_

Attach a memo clarifying mileage. \_\_\_\_\_

Parking \_\_\_\_\_

Lodging/ Meals/Parking (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**

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

- **REIMBURSEMENT FOR CONTINUED AND 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.***

Revised 7/1/09  
Texas BPP/Attorney Reimbursement Schedule