

COURT REPORTER'S CLAIM FOR FEES/EXPENSES (revised 10/23/2014)

TO: The County of Galveston

DATE: _____

CASE #: _____ (one case per claim form)

STYLE: _____

COURT #: _____ (one court per claim form)

FEES FOR DEPUTY COURT REPORTERS

_____ day(s) @ \$285.16 per day (dates worked= _____) \$ _____

_____ 1/2 day(s) @ \$142.58 per half day (dates worked= _____) \$ _____

Claim for Preparation of Transcript

Original and one copy of _____ pages @ \$3.50 per page \$ _____

Original and one copy of _____ pages @ \$4.00 per page \$ _____

Binding _____ volumes* \$ _____

Postage* \$ _____

Copy _____ Exhibits * \$ _____

.....

Additional Fees/Expenses (requires Judges signature)

Additional Copy (requested by: _____ approved by Court on: _____)

_____ pages @ \$1.00 per page \$ _____

_____ pages @ \$1.33 per page \$ _____

Govt. Code Sec. 52.047© provides that the cost of additional copies may not exceed 1/3 of the original cost per page

Postage* \$ _____

Binding _____ volumes* \$ _____

Copy _____ Exhibits * \$ _____

Other: _____ \$ _____

Certification of Judge

I hereby certify that the claimant herein, a court reporter, was directed to prepare the above entitled hearing and that he/she has performed his/her duties.

Judge's Signature

TOTAL AMOUNT OF CLAIM \$ _____

Certification of Court Reporter

I hereby certify that the charges against the County of Galveston, as above listed are just and correct and are authorized by law and the guidelines set out by the Judges of Galveston County, and that such charges have not been previously paid.

Court Reporter Signature & Date

Printed Name & Address

*NOTE: FOR DEPUTY REPORTERS, In indigent cases only the actual cost of the binders, postage, copies of exhibits will be reimbursed. No additional fees for preparation or labor are allowed.