

INSTRUCTIONS FOR SUBMITTING AND COMPLETING ATTORNEY STATEMENTS

1. SUBMISSION

A. DEADLINE - The Attorney Statement must be submitted within **SIXTY (60) DAYS from completion of each step within the Hearing Process**. For example, if a hearing is continued, the statement will be submitted upon completion of the original hearing, and another statement will be submitted upon completion of the continued hearing. The same would apply to a reopened hearing. Include only one action per statement.

B. ADDRESS - To be considered timely, the original Attorney Statement must be sent via first-class mail, postmarked by the deadline noted above, and mailed to:

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

OR, EMAIL Attorney Support Austin at: attsupp@tdcj.texas.gov

Faxed Attorney Statements **will not** be processed for payment.

C. FAILURE TO TIMELY SUBMIT THE ATTORNEY STATEMENT: Attorney Statements submitted after the deadline may cause a significant delay in processing the statement. Repeated late submission may be grounds for suspension for cause, termination, or termination and non-renewal of the contract and agreement.

2. DATES OF SERVICE

A. RECORDING DATES - The dates should be recorded as MM/DD/YY. Each activity should be identified by the specific date the activity occurred. Consecutive dates should be recorded as follows: MM/DD/YY through MM/DD/YY.

B. PREPARATION DATES AND TIME - This is the time spent reviewing allegations and preparing for the hearing. If an excessive amount is reported beyond four (4) hours on technical violations, a detailed written explanation shall be attached with your statement for review.

C. PRE-HEARING DATES AND TIME - This is time spent prior to the hearing either waiting for the offender to be brought to the hearing or waiting to be escorted to the secured area. This is not hearing preparation time and must be the same day of the hearing.

D. POST-HEARING DATES AND TIME - This is time spent after the hearing waiting to be escorted from the secured area and must be the same day of the hearing. Time spent with the offender after completion of the hearing should be recorded under "Offender Interview."

3. TRAVEL EXPENSES

A. MILEAGE REIMBURSEMENT - The mileage to and from your office to the location should be recorded and multiplied by the current state approved mileage rate. The current approved mileage rate information can be obtained from the Comptroller of Public Accounts website at www.cpa.state.tx.us. Mileage is not paid for travel out of your home county. Separate mileage is not paid when conducting two hearings at the same location on the same date.

B. TRAVEL DISTANCE - Travel from a personal residence rather than your office to a location can be claimed provided that the distance is not greater than the travel from your office to that same location.

C. TRAVEL TIME REIMBURSEMENT - The general rule is reimbursement will be approved for the mileage and not the travel time. However, when traveling out of your home county, you will be reimbursed for your travel time and not mileage.

D. MEALS AND LODGING EXPENSES - Meals and lodging should be recorded with the receipts attached to the statement. When traveling overnight, you are entitled to the actual cost of meals and actual lodging per day, including taxes. The meals and lodging expenses may not exceed the state approved meals and lodging rate. The current approved meals and lodging rate information can be obtained from the Comptroller of Public Accounts website at www.cpa.state.tx.us. You must be away from your office for six (6) consecutive hours before you may claim reimbursement for meals on one-day trips.

4. REPRESENTATION FEE

A. REPRESENTATION REIMBURSEMENT - The hourly representation fee is one hundred dollars (\$100) per hour for the initial two hours and fifty dollars (\$50) per hour for every hour after the second hour. Use the Reimbursement Schedule to calculate your Representation Fees.

B. REPRESENTATION FEE AND TOTAL REIMBURSEMENT REQUESTED - The Representation Fee and Total Reimbursement Requested must be included on the Attorney Statement for processing. Inaccurate or duplicate billing may be grounds for suspension for cause, termination or termination and non-renewal of the contract and agreement.

5. EXPECTED REIMBURSEMENT TIME PERIOD – When the Attorney Statement is submitted in a timely manner, the reimbursement check should be received within six to eight weeks from the date your statement is received.

6. SPECIAL INSTRUCTIONS AND INFORMATION

A. MOTION TO REOPEN REVOCATION HEARING OR MOTION TO REINSTATE SUPERVISION - Motions to Reopen Hearing or Motion to Reinstate Supervision (MTR) may be submitted only in cases where the parole panel votes revocation.

Thus, attorney fees are not payable for the filing of a MTR in cases where the parole panel votes SAFPF (Substance Abuse Felony Punishment Facility) or ISF (Intermediate Sanction Facility); or when the offender waives the revocation hearing at the hearing.

B. MOTION TO REOPEN SEX OFFENDER CONDITION HEARING - Motions to Reopen Hearing (MTR) may be submitted only in cases where the parole panel imposes Special Condition X. Thus, attorney fees are not payable for the filing of a MTR in cases where Special Condition X is not imposed.

C. STATEMENT AUDITS – All Attorney Statements are subject to random audits, which may require the attorney to submit additional information and may delay the process. This audit may include a review by an attorney within the Board's General Counsel's Office.

If you have any questions concerning the below **Attorney Statement** or **Reimbursement Schedule**, please call the following number(s):

Appointments for hearings: 1-800-535-9611 or 512-406-5495.

Completing forms or adjustment reimbursement: 512-406-5815 or 512-406-5421.

Receiving reimbursement: 936-437-6218.

If you any questions concerning the below **Fee Affidavit Form, Registration Form for Representation of Offender, or Vendor Maintenance Direct Deposit and Substitute W-9 Form**, please call the following number(s):

Fee Affidavit Form, Registration Form for Representation of Offender: 512-406-5250.

Vendor Maintenance Direct Deposit and Substitute W-9 Form: 936-437-8761 or 936-437-6357.