HOURLY FEE ATTORNEY VOUCHER*

1. Jurisdiction – Court #	2. County ☐ Potter ☐ Armstrong	3. Cause No(s)	4. Proceeding ☐ Trial ☐ Dismissed ☐ Plea Bargain ☐ Appeal ☐ Other

5. Style: State of Texas v. _____

6. Appointment Qualification: CHECK HIGHEST LIST FOR WHICH YOU ARE ACCEPTING CASES
☐ 1st & 2nd Degree List $150.00/hour   ☐ 3rd Degree & SJF List $100/hour   ☐ Misdemeanor List $75.00/hour

7. Attorney (Full Name)   **8. Telephone Number:**

9. Date	10. Service	11. Description	12. Billable Unit

13. **Expenses:** Copies _____ @ 10¢ = $ _____ / Other Receipted Expenses $ _____	Total Exp. $
14. **Hourly Fee Request:** Total Hours Submitted _____ @ $ _____ / hr	Hourly Fees: $
15. Time Period of Services: From: _____ to _____ Total Compensation Request: $	

16. Attorney Certification - *I, the undersigned attorney, certify that the above information is true and correct and in accordance with the terms of the applicable Court Plan and the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel.*

☐ Final Payment ☐ Partial Payment _____
|<div style="text-align:center">Signature</div>|<div style="text-align:center">Date</div>|

17. Signature of MAC Director:	18. Amount Approved: $

19. Reason(s) for Denial or Variation

Attorneys are required to use approved Service Descriptions, billable units and hourly increments as defined by the Hourly Fee Payment Plan Instructions.

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HOURLY FEE ATTORNEY VOUCHER - Supplemental*

1. Jurisdiction – Court #	2: County □ Potter □ Randall □ Armstrong	3. Cause No(s)	4. Proceeding □ Trial □ Dismissed □ Plea Bargain □ Appeal □ Other

5. Style: State of Texas v.

7. Attorney (Full Name)	8. Telephone Number

9. Date	10. Service	11. Description	12. Billable Unit

*Attorneys are required to use approved Service Descriptions, billable units and hourly increments as defined by Hourly Fee Payment Plan Instructions.

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