

Attorney Fee Voucher

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County	2. County <input type="checkbox"/> Baylor <input type="checkbox"/> Knox <input type="checkbox"/> Cottle <input type="checkbox"/> King	3. Cause Number _____ Offense _____ _____ _____	4. Proceedings <input type="checkbox"/> Trial-Jury <input type="checkbox"/> Plea- Bargain <input type="checkbox"/> Trial-Bench <input type="checkbox"/> MTR/MTA <input type="checkbox"/> OTHER _____
5. In the case of: _____ State of Texas v _____			
6. Case Level <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <input type="checkbox"/> Appeal <input type="checkbox"/> Revocation – Felony <input type="checkbox"/> Revocation – Misdemeanor <input type="checkbox"/> No Charges Filed <input type="checkbox"/> Other _____			
7. Attorney (Full Name) _____		9. Attorney Address (Include Law Firm Name if Applicable) _____	
8. State Bar Number _____	8a. Tax ID Number _____	10. Telephone _____	
12. Flat Fee – Court Appointed Services (Felonies \$600)			12a. Total Flat Fee \$ _____
	Knox County Misdemeanors (\$350 plus an addition \$100 for each addition charge pled to together	Baylor, Cottle, and King \$250 for initial appearance and \$150 for each subsequent appearance	
13. Hourly @ \$125/ hour (only available in felonies cases or for misdemeanor jury trials and appeals in Baylor, Cottle, and King County Court.			13a. Total Hourly \$ _____
	Hours	Dates	
14. Investigator Expenses	Amount	14a. Total Investigator Expenses \$ _____	
15. Expert Witness Expenses	Amount	15a. Total Expert Witness Expenses \$ _____	
16. Other Litigation Expenses	Amount	16a. Total Other Litigation Expenses \$ _____	
17. Time Period of Service Rendered: From _____ Date to _____ Date			
18. Additional Comments			19. TOTAL Compensation and Expenses Claimed \$ _____
20. Attorney Certification – I, the undersigned attorney, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel. <input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>			
21. SIGNATURE OF PRESIDING JUDGE:			Amount Approved: _____
Reason(s) for Denial or Variation			