


Attorney Fee Voucher

Attorney Legal Name*		<input type="checkbox"/> 27 th District Court(436) <input type="checkbox"/> 146 th District Court(437)	<input type="checkbox"/> 169 th District Court(438) <input type="checkbox"/> 264 th District Court(439) <input type="checkbox"/> 426 th District Court(440)	<input type="checkbox"/> County Court at Law #1(570) <input type="checkbox"/> County Court at Law #2(427) <input type="checkbox"/> County Court at Law #3(429)
Law Firm Name*				

Cause #(**)	Offense	Revocation	Texas Bar ID	 A F V I
		<input type="checkbox"/>	Tax ID	
		<input type="checkbox"/>		

State of Texas v _____ **ITIO** _____

<input type="checkbox"/> Original Felony (Sub/.010)	<input type="checkbox"/> Appeal Felony (Sub/.030)	<input type="checkbox"/> Capital Murder (Sub/.050)	<input type="checkbox"/> Original Juvenile (Sub/.070)	<input type="checkbox"/> Attorney General/ Child Support (Sub/.090)
<input type="checkbox"/> Original Misdemeanor (Sub/.020)	<input type="checkbox"/> Appeal Misdemeanor (Sub/.040)	<input type="checkbox"/> No Charges Filed (Sub/.060)	<input type="checkbox"/> Appeal Juvenile (Sub/.080)	<input type="checkbox"/> Child Protective Services (Sub/.100)

Attorney Fees						
Date	Description	Court Time	Hours	Rate	Amount Requested	Amount Approved
		<input checked="" type="radio"/> In <input type="radio"/> Out				
		<input type="radio"/> In <input type="radio"/> Out				
		<input type="radio"/> In <input type="radio"/> Out				
		<input type="radio"/> In <input type="radio"/> Out				
		<input type="radio"/> In <input type="radio"/> Out				
		<input type="radio"/> In <input type="radio"/> Out				
		<input type="radio"/> In <input type="radio"/> Out				
		<input type="radio"/> In <input type="radio"/> Out				
		<input type="radio"/> In <input type="radio"/> Out				

Investigator Fees	GL Code/5925	Subtotal	
Date of Application for Court Order Authorization			

Expert Witness Fees	GL Code/5931	Subtotal	
Date of Application for Court Order Authorization			

Psychiatric Evaluation	GL Code/5975	Subtotal	
Date of Application for Court Order Authorization			

Allowable Attorney Expense	GL Code/5815	Subtotal	
		GL Code/5930	Subtotal

Additional Comments	TOTAL
<p>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. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered to practice as an attorney in the State of Texas.</p> <p>No travel time has been included in this voucher. If I appeared in Court on more than one case, the total time spent in court has been fairly divided among each case.</p>	

_____ Judge's Signature***	_____ Date	_____ Attorney Signature	_____ Date
Presiding Judge: Please select... Judge's Notes Documenting Modification of Voucher Amount:			

* Reserved For Future Use
 **If a case has not been filed then a complaint number is required in lieu of a cause number.
 ***A Judge's Signature is required and by affixing their signature it authorizes the Attorney Fee Voucher to be paid.

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