

Misdemeanor Voucher



IN THE COUNTY COURTS AT LAW OF BEXAR COUNTY TEXAS

Cause No(s). \_\_\_\_\_ Court \_\_\_\_\_  
 State vs. \_\_\_\_\_ SID# \_\_\_\_\_  
 Offense \_\_\_\_\_

**CLAIM FOR PAYMENT OF ASSIGNED COUNSEL**

In the above numbered and entitled cause(s) I, the undersigned attorney, represent to the court that the following are true and correct:

- 1) I am in good standing with the State Bar of Texas and have met all of the qualifications required to accept appointments in the County Courts at Law system of Bexar County.
- 2) I swear and affirm that I rendered all services to the defendant in the disposition of this cause, which were reasonable and necessary.
- 3) I have complied with all of the requirements of the Texas Fair Defense Act.
- 4) **1st contact with client pursuant to TX SB7: Date:** \_\_\_\_\_ **Method of Contact:** \_\_\_\_\_

Fixed Rates:

With Sworn  
Testimony

Attorney released prior to disposition (\$50 each succeeding case)	\$50	
Discovery / Dismissal / PTD / Reflejo Court	\$300	
Dismissal on day of trial (jury not empaneled)	\$500	
Plea and Sentence (1 defendant, \$50 each succeeding case, including MTRs)	\$300	
Disposition of Motion to Revoke Probation (\$50 each succeeding case)	\$150	
Contested Motion to Revoke Probation (\$50 each succeeding case)		\$250
PTD / Reflejo Court Removal Sentencing	\$100	
Jury Trial/Trial before the court (includes motions, preparations & trial time)	\$750	
Appeal	\$750	
Board Certified Attorney Bonus	\$100	

Additional Fees:

Auxiliary Court Bond Hearing-Single Defendant	\$100	
Auxiliary Court Bond Hearing Attorney of the Day	\$300	
Motion/Habeas for bond matters (ruling required)	\$100	\$150
Contested Motion(s) Hearing	\$100	\$150
Competency/Sanity Disposition without Trial	\$100	
Contested Competency/Sanity Disposition Hearing	\$150	
Post-Acquittal Expunctions filed within 30 days	\$150	
Investigator Expenses (attach invoice): \$ _____		

Jail Visit: Jail RAV ZOOM Date of Visit: \_\_\_\_\_ \$100

Vouchers shall be e-filed upon disposition or release of attorney.

I RESPECTFULLY REQUEST PAYMENT IN THE TOTAL AMOUNT OF: \$ \_\_\_\_\_.

Pay to (Attorney Name): \_\_\_\_\_ Bar No. \_\_\_\_\_

Attorney Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Attorney signature as verification of claim accuracy: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
**Trial Director (MAC**

APPROVED IN THE TOTAL AMOUNT OF:

\$ \_\_\_\_\_