

Attorney Fee Voucher

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> County Court at Law	2. County _____	3. Cause Number _____ _____	Offense _____ _____	4. Proceedings <input type="checkbox"/> Trial-Jury <input type="checkbox"/> Trial-Court <input type="checkbox"/> Plea-Open <input type="checkbox"/> Attorney for _____ <input type="checkbox"/> Custodial Parent _____
5. In the case of: _____ <div style="text-align: center;">State of Texas v _____</div>				
6. Case Level <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <input type="checkbox"/> Appeal <input type="checkbox"/> Capital Case <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)		10. Telephone
8. State Bar Number	8a. Tax ID Number			11. Fax
12. Flat Fee – Court Appointed Services				12a. Total Flat Fee
				\$
13.	In Court Services	Hours	Dates	13a. Total In Court Compensation.
				\$
	Rate per Hour =	Total hours		
14.	Out of Court Services	Hours	Dates	14a. Total Out of Court Compensation.
				\$
	Rate per Hour =	Total hours		
15.	Investigator		Amount	15a. Total Investigator Expenses
				\$
16.	Expert Witness		Amount	16a. Total Expert Witness Expenses
				\$
17.	Other Litigation Expenses		Amount	17a. Total Other Litigation Expenses
				\$
18. Time Period of service Rendered: From _____ to _____ <div style="display: flex; justify-content: space-around; width: 80%; margin: auto;"> Date Date </div>				
19. Additional Comments				20. Total Compensation and Expenses Claimed
21. 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				
_____ Signature			_____ Date	
22. SIGNATURE OF PRESIDING JUDGE:				Amount Approved:
Reason(s) for Denial or Variation				