|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ATTORNEY FEE VOUCHER - BRAZORIA COUNTY** | | | | | |
| **District Court Disposition Date: /\_\_\_\_\_\_/\_\_\_\_\_\_**  **# STYLE: State of Texas v. \_**   * Trial-Jury  Hired New Counsel   **County Court at Law** Cause #/Offense  Trial-Court  Atty. Withdrawn  **#**  Cause #/Offense  Plea  Atty. Removed  **Account** Cause #/Offense  Dismissed  No-Billed  **#574100-10000-** Cause #/Offense  Dism/Red to Misd. # \_ | | | | | |
| **Offense Level:**  Felony Misdemeanor Juvenile Appeal Capital-Death Penalty Capital-Non-Death MRP- Felony MRP-Misdemeanor | | | | | |
| Attorney (Full Name-PRINT): Street Address:  City/State/Zip: | | | Phone: Cell: Fax: Bar# Tax ID# | | |
| **Time Period for Services Rendered: Beginning / / through / / \_** | | | | | |
| **Compensation is requested at the below rates pursuant to the Fifth Amended Standards and Procedures Related to Appointment of Counsel for Indigent Defendants:** | | | | | |
| **Non-Trial Plea Agreement Cases**  **Type Rate**  1st/2nd/3rd Degree/SJF/MRP/MTAG $100-$250/hr. $900/plea Misdemeanor (A/B) $100-$250/hr. $600/plea  \*Juvenile rate same as corresponding case level.  **Post-Conviction/Other**  Appeal/MNT $100-$250/hr.$3,000/case Appeal (after PDR)/Art. 11.07 $100-$250/hr.$1,750/case DNA Motion $100-$250/hr.$ 500/case  Attorney-for-the-Day $125-$150/hr. | | **Trial**  **Type Rate**  1st Degree $100-$250/hr.  2nd Degree $100-$250/hr.  3rd Degree/SJF/ $100-$250/hr.  MRP/MTAG $100-$250/hr.  Misdemeanor (A/B) $100-$250/hr.    \*Juvenile rate same as corresponding case level. | | **Non-Trial**  **Type Rate**  1st Degree $100-$250/hr. $900/day  2nd Degree $100-$250/hr. $900/day  3rdDegree/SJF/MRP/MTAG $100-$250/hr. $900/day  Misdemeanor $100-$250/hr. $600/day  Juvenile Detention Hearing $150/case (max $450/day)  \*Other juvenile rate same as corresponding case level. | |
| **1**The “Presumptive Maximum” applies to all cases unless indicated otherwise. “Presumptive Maximum” includes all non-trial hours on plea cases, six hours on felony cases and three hours on misdemeanor cases. In the event the amount requested by the attorney exceeds the Presumptive Maximum, the attorney is responsible for providing an explanation to the Court to which the voucher is presented before the same will be approved. | | | |
| **In Court Services** | Itemized Services (Attach Additional Pages if Needed) | | | Date(s) | Hours |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
| **Out of Court Services** | Itemized Services (Attach Additional Pages if Needed) | | | Date(s) | Hours |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
| **Other Allowable Expenses** | Brief Description (Attach Additional Pages if Needed) | | | Date(s) | Amounts |
|  | | |  |  |
|  | | |  |  |
|  | | |  | $ \_\_ |
| **Investigator:** SUBMIT BILL FROM INVESTIGATOR To be paid by: County Attorney $  **Expert Witness:** SUBMIT BILL FROM EXPERT/DOCTOR/OTHER To be paid by: County Attorney $  **Psyc. Evaluation:** SUBMIT BILL FROM DOCTOR To be paid by: County Attorney $ | | | | | |
| **TOTAL HOURS:** | | | | | |
| * **Final Payment  Partial Payment (allowed in special cases only, with Judge’s approval)**   **TOTAL COMPENSATION AND EXPENSES CLAIMED** (Do not include amounts to investigators, experts, etc. to be paid by County) **$** | | | | | |
| **ATTORNEY CERTIFICATION**  I, the undersigned attorney, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered to practice as an attorney in the State of Texas. No travel time has been included in this voucher. If I appeared in Court on more than one (1) case, the total time spent in Court has been fairly divided among each case.  Attorney Signature: Date: / /  Signature of Presiding Judge: Date: / / \_ **$**  **TOTAL ALLOWED** | | | | | |
| **REASON FOR DENIAL OR VARIATION:** | | | | | |

ADDITIONAL ITEMIZED STATEMENT OF SERVICES/EXPENSES

(attach to Attorney Fee Voucher Form if needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **In Court Services** | Itemized Services | Date(s) | Hours |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Out of Court Services** | Itemized Services | Date(s) | Hours |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Other Allowable Expenses** | Brief Description | Date(s) | Amounts |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |