Attorney Fee Voucher

1. Jurisdiction ☐ District ☐ County ☐ County Court at Law Court #_____	2. County	3. Cause Number _____ Offense _____ _____ _____ _____ _____	4. Proceedings ☐ Trial-Jury ☐ Trial-Court ☐ Plea-Open ☐ Plea- Bargain ☐ Other _____

5. In the case of:
State of Texas v _____

6. Case Level
☐ Felony ☐ Misdemeanor ☐ Juvenile ☐ Appeal ☐ Capital Case
☐ Revocation – Felony ☐ Revocation – Misdemeanor ☐ No Charges Filed ☐ Other _____

7. Attorney (Full Name)		9. Attorney Address (Include Law Firm Name if Applicable)
8. State Bar Number	8a. Tax ID Number	

10. E-mail	11. Telephone

12. Flat Fee – Court Appointed Services *(see 11.01.2025 Fee Schedule)*	12a. Flat Fee Rate $

13. **Initial Jail Visit / Probable Cause Visit**	**Date/Time of Initial Jail Visit:**	13a. Initial Jail Visit Rate $

14. **Bilingual Attorney Stipend** *(rate is ONLY for bilingual attorney)*	14a. Bilingual Attorney Rate $

15.	**In-Court Services and Out-of-Court Services in excess of 10 hours requires attached detailed documentation**	Rate per hour = Total hours =	15a. In Court and Out of Court Compensation $
16.	**Investigator and Expert Witness Expenses**: Attached expenses must be pre-authorized by ex parte order. Reimbursement must document the dates, nature of service(s) and hours expended.		16a. Investigator and/or Expert Expenses $
17.	**Other Litigation Expenses**		17a. Litigation Expenses $

18. **Time Period of service Rendered:** From _____ (Date) to _____ (Date)

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.

☐ Final Payment ☐ Partial Payment _____ (Signature) _____ (Date)

Printed Name:

22. SIGNATURE OF PRESIDING JUDGE:	**Amount Approved:** **$**

Reason(s) for Denial or Variation

Form Amended 11.01.2025