

## Attorney Fee Voucher

Jurisdiction [ ] District [ ] County  COURT# _____	County <input type="checkbox"/> Archer <input type="checkbox"/> Clay <input type="checkbox"/> Montague	Cause No. 1. 2. 3. 4.	Offense 1. 2. 3. 4.	Proceedings: <input type="checkbox"/> Trial – Jury <input type="checkbox"/> Trial - Court <input type="checkbox"/> Plea <input type="checkbox"/> Other
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In the case of: **STATE OF TEXAS v.**

Case Level: [ ] Felony [ ] Juvenile [ ] Misdemeanor [ ] Revocation – Misdemeanor [ ] Revocation – Felony [ ] Appeal  
 [ ] Capital Case [ ] No Charges Filed [ ] Other \_\_\_\_\_

Attorney	Attorney Address:	Date Attorney Appointed:
State Bar No.	Telephone No.	
Tax ID Number	Email Address:	

**Flat Fee – Court Appointed Services**

Check	Disposition	Flat Fee	Amount claimed	TOTAL FLAT FEE
	AGREED PLEA	\$450		\$
	DISMISSAL OF FILED CASE	\$225		
	PRETRIAL HABEAS CORPUS OR BOND MOTIONS	\$100		
	REPRESENTATION OF PERSONS CHARGED WITH MULTIPLE FELONY OFFENSES	UP TO AN ADDITIONAL \$450		

Investigation Expenses ( <i>defense investigator, lab fees, medical exams, psychological exams</i> )	Amount claimed	TOTAL INVESTIGATION EXPENSES
		\$

Expert Witness ( <i>payment to defense witnesses and travel expenses</i> )	Amount claimed	TOTAL EXPERT EXPENSES
		\$

Other Litigation Expenses ( <i>defense interpreter services, transcript services, other</i> )	Amount claimed	TOTAL OTHER LITIGATION EXPENSES
		\$

**Time Period of Service Rendered:** From \_\_\_\_/\_\_\_\_/20\_\_ to \_\_\_\_/\_\_\_\_/20\_\_  
 Month    Date    Year    Month    Date    Year

Additional Comments	TOTAL COMPENSATION AND EXPENSES CLAIMED
	\$

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.

**Date:** \_\_\_\_\_ **Attorney’s Signature:** \_\_\_\_\_

SIGNATURE OF PRESIDING JUDGE:	Amount Approved:
<b>Date:</b> _____	\$

Reasons for denial or variation.