

Attorney Fee Voucher (Archer, Clay, & Montague Counties)		Instruction: Please complete one fee voucher form for each case.	
County ___ Archer ___ Clay ___ Montague	Jurisdiction: ___ County ___ Juvenile	Cause No.	Offense:

State of Texas vs.

Case Level: (Please specify the type of Case below)

FLAT FEE – Court Appointed Services

Check	Case Level	Flat Fee	Amount Claimed	TOTAL FLAT FEE	
MISDEMEANOR					
	Dismissal on filed case	\$220		\$	
	Plea	\$400			
	Multiple Pleas (same defendant on same day)	\$500			
	Revocation (uncontested)	\$350			
	Revocation (contested)	\$450			
	Jury or Bench Trial	\$750			
JUVENILE					
	Detention Hearing	\$150			
	Adjudication/Disposition (uncontested)	\$350			
	Adjudication/Disposition (contested)	\$500			
	Modification (uncontested)	\$350			
	Modification (contested)	\$500			
MENTAL HEALTH					
	OPC Hearing	\$175			
	Mental Temp/Final (uncontested)	\$275			

ATTORNEY IDENTIFICATION INFORMATION

Attorney Name:	State Bar No:
Mailing Address:	Telephone No:
Email Address:	

ATTORNEY CERTIFICATION

I, the undersigned attorney, certify that the above information is true and correct 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 swear or affirm that I have not received nor will receive any money or anything else of value for representing the accused, except as otherwise disclosed to the Court in writing.

Time Period of Services Rendered: From _____ to _____

Have previous vouchers been submitted for this case? ___ YES ___ NO

Is this voucher for Final Payment ___ YES ___ NO

Signature and Date

ORDER

Amount approved \$ _____ <div style="display: flex; justify-content: space-around;"> _____ Presiding Judge _____ Date </div>	Recorded by Clerk – File Mark
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Reason for Denial or Variance: