

IN THE COUNTY COURTS AT LAW OF COMAL COUNTY TEXAS
Misdemeanor Voucher



Cause No(s). _____ Court _____

State vs. _____

Offense(s)/Counts _____

CLAIM FOR PAYMENT AND REIMBURSEMENT OF COURT APPOINTED COUNSEL

In the above numbered and entitled cause(s) I, the undersigned attorney, represent to the court that the following are true and correct:

- 1) I am in good standing with the State Bar of Texas and have met all of the qualifications required to accept appointments in the County Courts at Law system of Comal County.
- 2) I swear and affirm that I rendered all services to the defendant in the disposition of this cause, which were reasonable and necessary.
- 3) I have complied with all of the requirements of the Texas Fair Defense Act

Final Case Disposition: Plea Trial Dismissal Appeal Attorney Released

- | | |
|---|---------|
| <input type="checkbox"/> Attorney released prior to disposition (\$50 each succeeding case) | \$50 |
| <input type="checkbox"/> Discovery/ Dismissal/ Admission to Pre-Trial Diversion Program | |
| <input type="checkbox"/> Attorney Dismissal on day of trial (jury not empaneled)(\$50 each succeeding case) | \$650 |
| <input type="checkbox"/> Plea and Sentence (1 defendant, \$75 each succeeding case. including MTRs) | \$500 |
| <input type="checkbox"/> Disposition of Motion to Revoke Probation (\$75 each succeeding case) | \$400 |
| <input type="checkbox"/> Contested Motion to Revoke Probation (\$50 each succeeding case) | \$650 |
| <input type="checkbox"/> Pre-Trial Diversion | \$450 |
| <input type="checkbox"/> Jury Trial/Trial before the court (includes motions. preparations & trial time) | \$1,500 |
| <input type="checkbox"/> Appeal – Includes Brief and Oral Argument | \$2,500 |
| <input type="checkbox"/> Board Certified Attorney Bonus | \$100 |
| <input type="checkbox"/> Interpretation/Translation | \$100 |

Additional Fees:

Initial Jail Visit (must complete below and attach Attorney Visit Certification Form):

- | | |
|---|-------|
| <input type="checkbox"/> *Required: JAIL ZOOM Date of Visit _____ | \$100 |
| <input type="checkbox"/> Bond Hearing-Single Defendant | \$150 |
| <input type="checkbox"/> Motion/Habeas for bond matters (ruling required) | \$150 |
| <input type="checkbox"/> Contested Motion(s) Hearing | \$150 |
| <input type="checkbox"/> Competency/Sanity Disposition without Trial | \$250 |
| <input type="checkbox"/> Contested Competency/Sanity Disposition Hearing | \$500 |
| <input type="checkbox"/> Post-Acquittal Expunctions filed within 30 days | \$200 |

Vouchers shall be submitted within 30 days of the conclusion of the case.

I RESPECTFULLY REQUEST PAYMENT IN THE TOTAL AMOUNT OF: \$ _____

Pay to (Attorney Name): _____

Bar No. _____

Attorney Address: _____

Phone No. _____

Attorney signature as verification of claim accuracy: _____ Date: _____

APPROVED IN THE TOTAL AMOUNT OF:
\$ _____

Judge Presiding

Date

ATTORNEY VISIT CERTIFICATION

PURSUANT TO THE REQUIREMENTS OF Art. 26.04(j)(1), TEXAS CODE OF CRIMINAL PROCEDURE, I VISITED WITH:

Defendant's Name: _____

Cause No(s):

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

(SELECT ONE):

	LOCATION	DATE
<input type="checkbox"/>	Comal County Jail	_____
<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	Via Zoom	_____

Attorney Signature _____

Print Name: _____

Bar Number: _____