# 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:

l) 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**

* Attorney released prior to disposition ($50 each succeeding case) ` $50

 Discovery/ Dismissal/ Admission to Pre-Trial Diversion Program

* Attorney Dismissal on day of trial (jury not empaneled)($50 each succeeding case) $650
* Plea and Sentence (1 defendant, $75 each succeeding case. including MTRs) $500
* Disposition of Motion to Revoke Probation ($75 each succeeding case) $400
* Contested Motion to Revoke Probation ($50 each succeeding case) $650
* Pre-Trial Diversion $450
* Jury Trial/Trial before the court (includes motions. preparations & trial time) $1,500
* Appeal – Includes Brief and Oral Argument $2,500
* Board Certified Attorney Bonus $100
* Interpretation $100

Additional Fees:

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

* \*Required: **JAIL ZOOM Date of Visit \_\_\_\_\_\_\_\_\_** $100
* Bond Hearing-Single Defendant $150
* Motion/Habeas for bond matters (ruling required) **$**150
* Contested Motion(s) Hearing $150
* Competency/Sanity Disposition without Trial $250
* Contested Competency/Sanity Disposition Hearing $500
* 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): Attorney Address:

Bar No.

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

  Comal County Jail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Via Zoom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Signature

Print Name:

Bar Number: