# IN THE JUVENILE COURT OF COMAL COUNTY TEXAS

Juvenile 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**

* Detention Hearing (including out of court time) $100 to $200
* Adjudication upon a plea of true (includes out of court time) $500 to $1000
* Modification upon plea of true (includes out of court time) $500 to $750
* Trial $400 to $750 per day
* Other Services – in court time and work $75 to $125 per hour
* Other Services – out of court time and work $50 to $80 per hour
* Appeal – Includes Brief and Oral Argument $75 to $125 per hour $7,500 max
* Board Certified Attorney Bonus $100
* Interpretation/Translation $100

Additional Fees:

* Contested Motion(s) Hearing $250
* Competency/Sanity Disposition without Trial $300 to $500
* Contested Competency/Sanity Disposition Hearing $750 to $1,500

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bar No.

Phone No.

Attorney signature as verification of claim accuracy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED IN THE TOTAL AMOUNT OF:

$

**Judge Presiding Date**