|  |  |  |  |  |  |
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|  | **IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS** |  |  |  | **JUDICIAL DISTRICT** |
|  | 1st Degree Felony |  |  |  |  | Misdemeanor |  |  | STATE OF TEXAS |  |  |  |
|  | 2nd Degree Felony |  |  |  |  | Capital |  |  | VS. |  | CASE No. |  |
|  | 3rd Degree Felony |  |  |  |  | Death |  |  |  |  |  |  |  |  |
|  | State Jail Felony |  |  |  |  | Appeal |  |  |  |  |  | JIMS No. |  |
|  |  |  |  |  |  | Civil |  |  |  |  |  |  |
|  | ATTORNEY |  |  |  |  |  |  |  |  | **FOR COUNTY AUDITOR'S OFFICE USE ONLY** |
|  | ADDRESS |  |  |  |  |  |  |  |  | Atty Fee Number |  |  |  | **Date Entered** |
|  |  |  |  |  |  |  |  |  |  | Vendor Number |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Trans Code: | **200** |  |  |  |
| This case is set for: |  |  |  |  |  |  |  |  | Index & Sub-Obj: | **COUNCIL-6856** |  |  |  |
| at |  | m. in |  |  | Court. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **CLAIM FOR SERVICES OR EXPENSES** |  |  |  |
|  |  |  | **Service IN Court** |  |  |  |  | **Date** |  | **Hours/Tenths** | **This area for Auditor use only** |
| A. Arraignment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| B. Bond / Bail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C. Examining Trial |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D. Habeas Corpus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E. Judge's Conference |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| F. Pre-trial Motions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| G. Trial/Plea |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H. New Trial Motions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I. Revocation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| J. Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **Total Time: 0** |
|  | **Multiply total in court time by $90.00 per hour,** | **Total IN Court Claim: $0.00** |  |  |
|  |  |  |  |  |  |
|  | **Service OUT of Court** | **Date** | **Hours/Tenths** | **This area for Auditor use only** |



1. Interviews and Conferences
2. Obtaining and reviewing records
3. Legal research and writing
4. Other

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  | **Total Time: 0** |  |  |
|  |  | **Multiply total out of court time by $75.00 per hour,** | **Total OUT of Court Claim: $0.00** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **COURT APPROVED REIMBURSABLE EXPENSES** |  |  |
| O. Long distance telephone service |  |  | **\*\* NOTE \*\*** |
| P. Copies |  |  |  |  |  |  | **All receipts for reimbursable items R,S, and T must be** |
| Q. Photographs |  | **attached.** |  |  |
| R. Witness fee \*\* |  | **Total Expenses: $0.00** |  |  |
| S. Travel \*\* |  |  |  |  |  |  |  |  |  |  |  |  |
| T. Mileage to / from Jail Annex .40 cents a mile \*\* |  | **Total Claim: $0.00** |  |  |
|  |  | **ATTORNEY CERTIFICATION** |  | **ORDER APPROVING PAYMENT** |
| **I swear and affirm the truth and correctness of the above** | **The above voucher is approved to the amount of** |
| **statement.** | **I CERTIFY THAT I HAVE NOT SUBMITTED ANY** |  |  |  |  |  |  |  |
| **OTHER VOUCHER ON THIS CASE OR; I CERTIFY I HAVE** |  |  |  |  |  |  |  |
| **FILED A VOUCHER FOR** |  |  |  |  |  |  |  |
| ON | , 20 |  |  | JUDGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE: \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  | Excess payment approval |  |  |
|  | Attorney Signature |  |  |  |  |  |  |  |  |
|  | State Bar No. |  | JUDGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Appointment |  |  |  |  |  |  |  |  |
|  |  | **E-mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |



I further certify that no other funds from any other source have been received as payment on this case.

I further certify that any other funds received from any other source in payment on this case are fully disclosed and attached.

|  |  |
| --- | --- |
| **COUNCIL OF JUDGES ADMINISTRATION** | **ATTORNEY REQUIREMENTS-PROCESS FOR PAYMENT** |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (1) Original to Court for signature, (2) Original and 1 copy to the Council of Judges Administration, (3) Council of |  |
|  | Judges Administration signs off on voucher and retains a copy to be forwarded to the District Clerk, (4) After |  |
| Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | process is completed, attorney can leave original voucher with the Council of Judges to forward to Auditors |  |
| office or attorney can hand carry voucher to Auditors office for payment. |  |
|  |  |

**Voucher for services on criminal cases must be submitted within 45 days after final court appearance. Failure to comply will result in forfeiture of fee.**

**THE COURT APPROVES PAYMENT OF A VOUCHER ON CONDITION UPON DEFENDANT'S COUNSEL HAVING FILED A CURRENT SENATE BlLL 7 AFFIDAVIT WITH THE COUNCIL OF JUDGES ADMINISTRATION.**

**EFFECTIVE FOR APPOINTMENTS MADE AFTER SEPTEMBER 1, 2014.**