JUVENILE ATTORNEY FEE VOUCHER

THE STATE OF TEXAS V.				443RD DISTRICT CO	URT
OFFENSE	CAUSE NO.	MOTION TO MODIFY	DATE APPOINTED: DISPOSITION DATE: INTERIM PAYMENT REQUEST:		
INVESTIGATION GL Code# 001-0150-50822 TO	TAL \$ EXPE	ERT WITNESS GLCC	DDE # 001-0150-5082	22 TOTAL \$	-
attached invoice	TAL 3	attached inv		TOTAL	
INVESTIGATOR INFORMATION (PLEASE PRINT) NAME:		T RT WITNESS INFOI IE:	RMATION (PLEASE	PRINT)	
MAILING ADDRESS:					
ATTORNEY		Á			
SERVICE PERFORMED	DATES		TOTAL HOURS	AMOUNTAUTHORIZED	
Out of Court Time (\$60 per hour)	(Attach Time Sheet or Use Reverse)			S	1
Detention Hearing / Release Hearing (\$125 flat fee)				\$	1
Announcement (\$75 flat fee)	And the second			8	1
Pre-Trial Hearing (\$75 flat fee)				\$	1
Non-Jury Disposition / Plea (\$300 flat fee)				\$	
Probation / Court Review / Status (\$75 flat fee)				\$	1
Jury Trial (\$90 per hour)				\$	1
Appeal (\$100 per hour)				\$	1
Certification Hearing / Discretionary Transfer (\$90 per hour)		AST		\$	
TBC / Motion to Modify / Contested Hearing (\$90 per hour)		7		\$	-
Spanish Speaking Attorney Fee					
				\$	-
EXPENSES (with prior authorization and receipts attached)		1			
Copying				\$	
Other				\$	
Mileage (@ \$. per mile)				\$	
	GL CODE # 001-0150-	50822		S	ATTORNI TOTAL
CASE GRAND TOTAL I, the undersigned attorney, am appointed to represent the above correctness of all the above-listed services performed. I further affi	AFFIRMATION name respondent and am requesting payment in acc	ordance with the laws of	the State of Texas. I affir	m to the truth and	1017
ATTORNEY INFORMATION (PLEASE PRINT) NAME:	BAR CARD NO.		or value for Said Service:	Attorney at Law	
MAILING ADDRESS:			_		

Presiding Judge

OUT OF COURT TIME

THE	STATE	OF	TEXAS
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DATE	SERVICES PERFORMED	HOURS
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	TOTAL	0