

Freestone County Attorney Fee Voucher

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> C.P. S <input type="checkbox"/> A.G. Court # _____		2. County		3. Cause Number _____ _____ _____		Offense _____ _____ _____		4. Proceedings <input type="checkbox"/> Trial-Jury <input type="checkbox"/> Trial-Court <input type="checkbox"/> Plea-Open <input type="checkbox"/> Plea- Bargain <input type="checkbox"/> Other _____	
5. In the case of: <div style="text-align: center;">State of Texas vs. _____</div>									
6. Case Level <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <input type="checkbox"/> C.P. S <input type="checkbox"/> A.G. <input type="checkbox"/> Appeal <input type="checkbox"/> Capital Case <input type="checkbox"/> Revocation – Felony <input type="checkbox"/> Revocation – Misdemeanor <input type="checkbox"/> No Charges Filed <input type="checkbox"/> Other _____									
7. Attorney (Full Name)				9. Attorney Address (Include Law Firm Name if Applicable)				10. Telephone	
8. State Bar Number		8a. Tax ID Number						11. Fax	
12. Flat Fee – Court Appointed Services								12a. Total Flat Fee	
								\$	
13.	In Court Services			Hours	Dates	13a. Total In Court Compensation. \$			
	Rate per Hour =		Total hours						
14.	Out of Court Services			Hours	Dates	14a. Total Out of Court Compensation. \$			
	Rate per Hour =		Total hours						
15.	Investigator				Amount	15a. Total Investigator Expenses \$			
16.	Expert Witness				Amount	16a. Total Expert Witness Expenses \$			
17.	Other Litigation Expenses				Amount	17a. Total Other Litigation Expenses \$			
18. Time Period of service Rendered: From _____ to _____ <div style="text-align: center;">Date Date</div>									
19. Additional Comments								20. Total Compensation and Expenses Claimed	
21. Attorney Certification – I, the undersigned attorney, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel. <input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment _____ <div style="text-align: center;">Signature Date</div>									
22. SIGNATURE OF PRESIDING JUDGE:						DATE:		Amount Approved:	
Reason(s) for Denial or Variation									