

# Attorney Fee Voucher

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County  <input type="checkbox"/> County Court at Law  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:                                      State of Texas v _____					
6. Case Level <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <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.	<b>In Court Services</b>		Hours	Dates	13a. Total In Court Compensation.
	_____		_____	_____	
	_____		_____	_____	
Rate per Hour = _____		Total hours _____			\$ _____
14.	<b>Out of Court Services</b>		Hours	Dates	14a. Total Out of Court Compensation.
	_____		_____	_____	
	_____		_____	_____	
Rate per Hour = _____		Total hours _____			\$ _____
15.	<b>Investigator</b>			Amount	15a. Total Investigator Expenses
	_____			_____	
	_____			_____	
_____					\$ _____
16.	<b>Expert Witness</b>			Amount	16a. Total Expert Witness Expenses
	_____			_____	
	_____			_____	
_____					\$ _____
17.	<b>Other Litigation Expenses</b>			Amount	17a. Total Other Litigation Expenses
	_____			_____	
	_____			_____	
_____					\$ _____
18. Time Period of service Rendered: From _____ to _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 50px;"> <span>Date</span> <span>Date</span> </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   _____					
Signature				Date	
_____				_____	
22. SIGNATURE OF PRESIDING JUDGE:				Amount Approved:	
_____				_____	
Reason(s) for Denial or Variation					
_____					