Attorney Fee Voucher

1. Jurisdiction:

☐ District ☐ County

☐ 24th ☐ County Court at Law

☐ 135th ☐ #1

☐ 267th ☐ #2

☐ 377th

☐ No Charges filed

2. County:

☐ Calhoun

☐ DeWitt

☐ Goliad

☐ Jackson

☐ Refugio

☐ Victoria

3. Style:

Cause No. _____

☐ Criminal: The State of Texas vs.

_____

☐ Juvenile: In the matter of

_____

☐ Civil:

vs.

County Account # *(except Victoria)*:

Victoria County Account #

☐ 24th: 100-435-4110

☐ 135th: 100-435-4120

☐ 267th: 100-435-4130

☐ 377th: 100-435-4140

☐ Co. Ct. @ Law #1:100-425-4008

☐ Co. Ct. @ Law #2:100-426-4008

☐ Juvenile: 100-574-4008

4a. Flat Fee - Court Appointed Services:

☐ No Charges filed ---------$ 100.00

☐ Felony ----------$ 450.00

☐ Felony (Adj./Rev.)------$ 350.00

☐ Misdemeanor----------$ 325.00

☐ Misdemeanor/Adj./Rev.- $ 275.00

☐ JUVENILE ---------- $ 275.00

☐ Multiple case ----------$ 100.00

☐ Felony Appeal---------$ 1,575.00

☐ Misdemeanor Appeal --$ 1000.00

☐ Juvenile Appeal --------$ 1000.00

☐ Mental / Other ----------$ 325.00

4b. Hourly fee *(complete if not claiming flat fee – Detail service, time spent & dates on separate paper)*

Total Hours In Court: _____

Total Hours Out of Court: _____

TOTAL HOURS:

9. COURT-APPROVED FEES & EXPENSES *(Court computes)*:

Court-Approved Fee: $

5.	**Investigation Expenses** ***(attach supporting documentation)***	Amount Claimed
		$

Court-Approved Investigation Expenses: $

6.	**Expert Witness Expenses** ***(attach supporting documentation)***	Amount Claimed
		$

Court-Approved Expert Witness Expenses: $

7.	**Other Litigation Expenses (detail)**	Amount Claimed
		$

Court-Approved Other Litigation Expenses: $

☐ Final Payment ☐ Partial Payment

8. 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. The county auditor has been provided my current address & TIN on IRS form W-9.

_____

Signature Date

Print Name: State Bar #

Total Amount Approved By Court: $

IT IS ORDERED that the above-approved amount be paid.

Signed the _____ **day of**

_____, _____.

Reason(s) for denial or variation, if any:

Rev. 11/3/2022

_____

JUDGE PRESIDING