

Attorney Misdemeanor Flat Fee Voucher

(IF NOT SUBMITTED TO CLERK AT TME OF DISPOSITION HEARING, VOUCHER SHALL BE SUBMITTED TO COURT COORDINATOR)

COURT:	Primary Cause No.	Date of Disposition:	Disposition:
	Related Cases:		☐ Plea Agreement ☐ Trial ☐ Dismissal ☐ Other

In the case of: **STATE OF TEXAS v.**

Case Level: ☐ Adult ☐ Juvenile

Degree of Primary Case:

Attorney

PAYMENT WILL BE MADE ACCORDING TO CURRENT GRAYSON COUNTY VENDOR PACKET AND W-9 FORM ON FILE WITH THE GRAYSON COUNTY AUDITOR

Date Attorney Appointed:

State Bar No.

Flat Fee – Court Appointed Services

Check	Disposition	Flat Fee	Amount claimed	TOTAL FLAT FEE
	BY JURY OR NON-JURY TRIAL	\$500 PER ½ DAY \$900 PER DAY		\$
	AGREED PLEA OR DISMISSAL OF CHARGES PRIOR TO JURY SELECTION	\$400		
	REPRESENTATION OF PERSONS WITH MENTAL ILLNESS OR SPECIAL NEEDS	UP TO AN ADDITIONAL \$100		
	REPRESENTATION OF PERSONS CHARGED WITH MULTIPLE MISDEMEANOR OFFENSES	UP TO AN ADDITIONAL \$100		
	REPRESENTATION OF PERSONS UNABLE TO SPEAK AND UNDERSTAND THE ENGLISH LANGUAGE	UP TO AN ADDITIONAL \$100		
	WRIT FILES ONLY - PRETRIAL HABEAS CORPUS OR BOND MOTIONS	\$100		
	PREPARING AND FILING BRIEF ON APPEAL	\$1,200 PER APPELLATE BRIEF FILED		
	WITHDRAWAL OF ATTORNEY FOR ANY REASON PRIOR TO COMPLETION OF ASSIGNMENT	\$150		

Investigation Expenses (*defense investigator, lab fees, medical exams, psychological exams*)
PRE-APPROVAL REQUIRED AND DOCUMENTATION OF EXPENSES MUST BE ATTACHED
TOTAL INVESTIGATION EXPENSES

\$

Expert Witness (*payment to defense witnesses and travel expenses*)
PRE-APPROVAL REQUIRED AND DOCUMENTATION OF EXPENSES MUST BE ATTACHED
TOTAL EXPERT EXPENSES

\$

Other Litigation Expenses (*defense interpreter services, transcript services, other*)
PRE-APPROVAL REQUIRED AND DOCUMENTATION OF EXPENSES MUST BE ATTACHED
TOTAL OTHER LITIGATION EXPENSES

\$

Additional Comments

TOTAL COMPENSATION AND EXPENSES CLAIMED

\$

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.

Date: _____ **Attorney's Signature:** _____

SIGNATURE OF PRESIDING JUDGE:

Amount Approved:

Date:

\$

Reasons for denial or variation.