

# Attorney Fee Voucher

<b>1. Jurisdiction</b> <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> County Court at Law Court # _____	<b>2. County</b> _____	<b>3. Cause Number</b> <b>Offense</b> _____ _____ _____	<b>4. Proceedings</b> <input type="checkbox"/> Trial-Jury <input type="checkbox"/> Trial-Court <input type="checkbox"/> Plea-Open <input type="checkbox"/> Plea-Bargain <input type="checkbox"/> Other
<b>5. In the case of :</b> State of Texas vs. _____			
<b>6. Case Level?</b> <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 _____			
<b>7. Attorney (Full Name)</b>		<b>9. Attorney Address (Include Law Firm Name if Applicable)</b>	
<b>8. State Bar Number</b>	<b>8a. Tax ID Number</b>	<b>10. Telephone</b>	
<b>11. Fax</b>		<b>12. Flat Fee – Court Appointed Services</b>	
		<b>12a. total Flat Fee</b> \$ _____	
<b>13.</b>	<b>In Court Services</b>	<b>Hours:</b>	<b>Dates:</b>
	_____	_____	_____
	_____	_____	_____
<b>13a. Total In Court Compensation.</b> \$ _____			
<b>14.</b>	<b>Out of Court Services</b>	<b>Hours:</b>	<b>Dates:</b>
	_____	_____	_____
	_____	_____	_____
<b>14a. Total Out of Court Compensation.</b> \$ _____			
<b>15.</b>	<b>Investigator</b>		<b>Amount:</b>
	_____		_____
	_____		_____
<b>15a. Total Investigator Expenses</b> \$ _____			
<b>16.</b>	<b>Expert Witness</b>		<b>Amount</b>
	_____		_____
	_____		_____
<b>16a. Total Expert Witness Expenses</b> \$ _____			
<b>17.</b>	<b>Other Litigation Expenses</b>		<b>Amount</b>
	_____		_____
	_____		_____
<b>17a. Total Other Litigation Expenses</b> \$ _____			
<b>18. Time Period of Service Rendered:</b> from _____ to _____ <div style="text-align: center;"> <span style="margin-right: 100px;">date</span> <span>date</span> </div>			
<b>19. Additional Comments</b>			<b>20. Total Compensation and Expenses Claimed</b>
<b>21. Attorney Certification – I, the undersigned, 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.</b> <input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment   _____ <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </div>			
<b>22. SIGNATURE OF PRESIDING JUDGE:</b>			<b>Amount Approved:</b>
Reason(s) for Denial or Variation			