

ATTORNEY FEE VOUCHER

1. Jurisdiction District **Guadalupe** 2. County **J-«causenumbr»** 3. Cause Number **J-«causenumbr»** 4. Proceedings Trial-Jury 9 Trial-Court
County Court at Law Plea-Open 9 Plea-Bargain
Court # _____ Other _____

5. In the Case of: _____

6. Case Level
Felony Misdemeanor Juvenile Appeal Capital Case
Revocation-Felony Revocation Misdemeanor No Charge Filed Other _____

7. Attorney (Full Name)		9. Attorney Address (include Firm name if Applicable)	10. Phone #
8. State Bar Number	8a. Tax ID Number		11. Fax #
12. Flat Fee-Court Appointed Services			12a. Flat Fee Total \$ _____

13. In Court Services	Hours	Dates	13a. Total in Court Compensation \$ _____
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14. Out of Court Services	Hours	Dates	14a. Total Out of Court Compensation \$ _____
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15. Investigator	Amount	15a. Total Investigator Expenses \$ _____
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16. Expert Witness Witness Expenses	Amount	16a. Total Expert \$ _____
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17. Other Litigation Expenses	Amount	17a. Total Other \$ _____
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18. Time period of service Rendered: From _____ to _____
(Date) (Date)

19. Additional Comment	20. Total Compensation and Expenses Claimed \$ _____
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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.

Final Payment Partial Payment _____
Signature _____ Date _____

22. Signature of Presiding Judge _____ Amount Approved: _____

Reason(s) for Denial or Variations _____