

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.	In Court Services			Hours	Dates	13a. Total In Court Compensation.	
	Rate per Hour =		Total hours				
14.	Out of Court Services			Hours	Dates	14a. Total Out of Court Compensation.	
	Rate per Hour =		Total hours				
15.	Investigator				Amount	15a. Total Investigator Expenses	
16.	Expert Witness				Amount	16a. Total Expert Witness Expenses	
17.	Other Litigation Expenses				Amount	17a. Total Other Litigation Expenses	
18. Time Period of service Rendered: From _____ to _____ Date Date							
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							