|  |  |  |  |
| --- | --- | --- | --- |
| 1. Jurisdiction[ ]  District [ ] County[ ] County Court at LawCourt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. County | 3. Cause Number Offense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4. Proceedings[ ] Trial-Jury [ ] Trial-Court[ ] Plea-Open [ ] Plea- Bargain[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. In the case of: State of Texas v \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. Case Level[ ]  Felony [ ]  Misdemeanor [ ]  Juvenile [ ]  Appeal [ ]  Capital Case [ ]  Revocation – Felony [ ]  Revocation – Misdemeanor [ ] No Charges Filed [ ]  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 Date of Service** | 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. [ ] Final Payment [ ] Partial Payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |
| 22. SIGNATURE OF PRESIDING JUDGE: | Amount Approved: |
| Reason(s) for Denial or Variation |

Attorney Fee Voucher Vendor Number\_\_\_\_\_\_\_\_\_\_\_\_\_ Exhibit F