



# COURT APPOINTED ATTORNEY FEE VOUCHER

For Hunt County Auditor Use Only:

Vendor # \_\_\_\_\_

Line Item \_\_\_\_\_

1. CASE STYLE			2. COURT	
<b>CAUSE NO.</b>			<input type="checkbox"/> 196 <sup>th</sup> District Court	
<input type="checkbox"/> Criminal:	State of Texas	VS	<input type="checkbox"/> 354 <sup>th</sup> District Court	
<input type="checkbox"/> Writ:	State of Texas	VS	<input checked="" type="checkbox"/> County Court at Law No. 1	
<input type="checkbox"/> Juvenile:	In the Matter	of	<input type="checkbox"/> County Court at Law No. 2	
<input type="checkbox"/> Mental:	In the Best Interest	of		
<input type="checkbox"/> Guardian:	In the Guardianship	of		
<input type="checkbox"/> Civil / CPS:				
			3. APPEAL	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

4. HOURLY RATE FEE (Required: Attach detailed Invoice)		5. FLAT FEE (No documentation needed)	
TOTAL HOURS	x	<input type="checkbox"/> Standard Fee \$100/hr	<input type="checkbox"/> Misdemeanor \$200
		<input type="checkbox"/> Capital Fee \$110/hr	<input type="checkbox"/> Felony \$250
<b>TOTAL FEE:</b>	<b>\$</b>		<input type="checkbox"/> MTR (F/M) \$200
			<input type="checkbox"/> Juvenile \$200
			<input type="checkbox"/> Mental \$200

6. OTHER EXPENSES (Required: Attach supporting documentation)	
Amount Claimed	\$

7. CRIMINAL CASES ONLY			
INCARCERATION STATUS		DISPOSITION	
<input type="checkbox"/> In Custody	<input type="checkbox"/> Out on Bond	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Probation _____ Month(s) _____ Year(s)
			<input type="checkbox"/> Non-Paying Supervision
			<input type="checkbox"/> Dismissed
			<input type="checkbox"/> PIP
Plea Date:		Defendant's Email:	

8. ATTORNEY CERTIFICATION	
<input type="checkbox"/> FINAL PAYMENT (Must select reason below)	<input type="checkbox"/> PARTIAL PAYMENT (Must select reason below)
<input type="checkbox"/> CASE DISPOSED / <input type="checkbox"/> REMOVED FROM CASE	<input type="checkbox"/> Writ / <input type="checkbox"/> PIP Plea

TIME PERIOD OF SERVICES RENDERED From \_\_\_\_\_ to \_\_\_\_\_

I, the undersigned attorney, certify that I was appointed by the Court in the above referenced case. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel. The county auditor has been provided my current address & TIN on IRS form W-9.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME:

\_\_\_\_\_  
STATE BAR NO.

COURT APPROVED FEES AND EXPENSES			
Fee	\$	Other Expenses	\$

It is ORDERED that the above Fees and Other Expenses are to be INCLUDED in the Bill of Costs.

SIGNED ON \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUDGE PRESIDING

The Court APPROVES the above Fees and Other Expenses and ORDERS the Hunt County Auditor to issue payment of the above amounts.

SIGNED ON \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUDGE PRESIDING

Court's reason for denial or variation, if any:

\* After the Court APPROVES and ORDERS payment by the Auditor, this Voucher shall be filed with the Hunt County Auditor on or before the next business day.