

## 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 _____ Date to _____ 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					