

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 1 / 2 or 3 / SJ (Circle One) <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 _____ _____ _____ Rate per Hour = Total hours			Hours _____ _____ _____ _____		Dates _____ _____ _____ _____		13a. Total In Court Compensation. \$ _____
14.	Out of Court Services _____ _____ _____ Rate per Hour = Total hours			Hours _____ _____ _____ _____		Dates _____ _____ _____ _____		14a. Total Out of Court Compensation. \$ _____
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 _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Date Date </div>								
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. <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> _____ Signature </div> <div style="width: 40%;"> _____ Date </div> </div>								
22. SIGNATURE OF PRESIDING JUDGE: _____ Reason(s) for Denial or Variation							Amount Approved: _____	