

Attorney Fee Voucher

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> County Court at Law Court # _____		2. County: <p style="text-align: center; font-weight: bold;">BELL</p>	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)		
8a. State Bar Number		8b. Tax ID Number		10. Telephone	
				11. Fax	
12. Flat Fee - Court Appointed Services - Felony Only				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 _____ <div style="text-align: center; margin-left: 100px;">Date</div> <div style="text-align: center; margin-left: 300px;">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. <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.					