

ATTORNEY FEE VOUCHER

1. Jurisdiction: <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> County Court at Law Court # _____	2. County: <div style="font-size: 1.5em; font-weight: bold; text-align: center;">Kleberg</div>	3. Case 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: <div style="text-align: center; font-weight: bold;">STATE OF TEXAS V</div>				
6. Case Level: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Felony <input type="checkbox"/> Revocation - Felony </div> <div> <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Revocation - Misdemeanor </div> <div> <input type="checkbox"/> Juvenile <input type="checkbox"/> No charges Filed </div> <div> <input type="checkbox"/> Appeal <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Capital case </div> </div>				
7. Attorney's Full Name: _____		8a SBN (State Bar Number): _____		8b Tax ID Number: _____
9. Attorney's Address (Include Law Firm Name, if applicable): _____ _____		10. Telephone: _____		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: _____		
_____		_____		\$ _____
17. Other Litigation Expenses: _____		Amount: _____		
_____		_____		\$ _____
18. Time Period of Service Rendered:		Amount: _____		
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
22. Attorney's Signature _____ Date _____				
SIGNATURE OF PRESIDING JUDGE: _____ Date _____				For Auditor Use Only: _____ _____
Reason(s) for denial or variation: _____				

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