

Attorney Fee Voucher

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> County Court at Law Court # _____	2. County: <input type="checkbox"/> Reeves <input type="checkbox"/> Ward	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. Client _____			
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"/> Civil-Family <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
8a. State Bar Number	8b. Tax ID Number		11. Fax
12. Flat Fee - Court Appointed Services			12a. Total Flat Fee \$ _____
13.	Hourly Claim Description	Hours	Dates
Rate per hour = \$110.00	Total Hours: _____	Multiply Rate x Total Hours =	13a. Total Hourly Compensation \$ _____
14.	Mileage (Itemize) (State approved rate at the time of travel)	Amount	14a. Total Mileage Expenses \$ _____
15.	Other Litigation Expenses	Amount	15a. Total Other Litigation Expenses \$ _____
16. Time Period of Service Rendered: From _____ to _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Date Date </div>			
17. Additional Comments			18. Total Compensation and Expenses Claimed \$ _____
19. 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	
20. SIGNATURE OF PRESIDING JUDGE:			Amount Approved:
Reason(s) for denial or variation.			