Attorney Fee Voucher

1. Jurisdiction	2. County:	3.Cause Number	Offense	4.Proceedings
☐ District ☐ County ☐ County Court at Law Court #_____		_____ _____ _____	_____ _____ _____	☐ Trial-Jury ☐ Trial-Court ☐ Plea-Open ☐ Plea-Bargain ☐ Other

5.In the case of:
State of Texas v _____

6.Case Level
☐ Felony ☐ Misdemeanor ☐ Juvenile ☐ Appeal ☐ Capital case
☐ Revocation - Felony ☐ Revocation-Misdemeanor ☐ No Charges filed ☐ 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.	**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 _____
Date 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.

☐ Final Payment ☐ Partial Payment

_____
Signature Date

22. SIGNATURE OF PRESIDING JUDGE:	Amount Approved:

Reason(s) for denial or variation.

Adopted 10/23/02 – Task Force on Indigent Defense