# **MADISON County COURT Attorney Fee Voucher**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cause Number Offense    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Trial-Jury  Trial-Court  Plea  Open Plea | | | Dismissed  Rejected  Hired Atty  Withdrawal |
| In the case of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Misdemeanor  Misdemeanor MTR/MTA  Misdemeanor Appeal  Juvenile  Juvenile Appeal  Felony  Mental Health  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Attorney (Full Name) | | | Attorney Address (Include Law Firm Name if Applicable) | | | | | | Telephone | |
| State Bar Number | | Tax ID Number | Fax | |
| **Flat Fee – Court Appointed Services** | | | | | | | | | Total Flat Fee  $ | |
|  | Misdemeanor Plea/Dismissal | | | $300 | | | | |
|  | Juvenile | | | $300 | | | | |
|  | Additional Cases | | \_\_\_\_\_\_\_ quantity | $150 per case | | | | |
|  | MTA/MTR/Suppression/Sentencing Hearing Preparation | | | $150 | | | | |
|  | MTA/MTR/Suppression/Sentencing Hearing | | \_\_\_\_\_\_\_ hours | $90 per hour ($300 maximum) | | | | |
|  | Trial Preparation | | | $500 | | | | |
|  | Jury or Bench Trial | | \_\_\_\_\_\_\_ days | $300 per 1/2 day | | | | |
|  | **In Court Services** (attach detailed billing) | | \_\_\_\_\_\_\_ hours | $90 per hour | | | | | Total In Court Services  $ | |
|  | **Out of Court Services** (attach detailed billing) | | \_\_\_\_\_\_\_ hours | $75 per hour | | | | | Total Out of Court Services  $ | |
|  | **Investigator/Expert/Other Expenses** | | | | | Amount | | | Total Expenses  $ | |
| Prior approval by Court:  yes  no | | | | |  | | |
| Prior approval by Court:  yes  no | | | | |  | | |
| Prior approval by Court:  yes  no | | | | |  | | |
| **Time Period of service Rendered:** From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Date | | | | | | | | | | |
| **Additional Comments** | | | | | | | | Total Compensation and Expenses Claimed | | |
| 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 | | | | | | | | | | |
| SIGNATURE OF PRESIDING JUDGE: | | | | | Date: | | | Amount Approved: | | |
| Reason(s) for Denial or Variation | | | | | | | | | | |