# **MADISON County COURT Attorney Fee Voucher**

|  |  |  |
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| 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 |