

**Attorney Fee Voucher
FLAT FEES**

FORM 7

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County Court at Law 1 & 2	2. Cause Number _____ Offense _____ _____ _____ _____	4. Proceedings <input type="checkbox"/> Plea- Bargain <input type="checkbox"/> Other _____
---	--	--

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

6. Case Level

Felony
 Misdemeanor
 Juvenile
 Competency
 Ad Litem
 Dismissals
 Withdrawals (if Granted)
 Post conviction Writ

Revocation – Felony
 Revocation – Misdemeanor
 No Charges Filed
 Other _____

7. Attorney (Full Name)		9. Attorney Address (Include Law Firm Name if Applicable)		10. Telephone	
8. State Bar Number	8a. Tax ID Number			11. Email	

12. Flat Fee – Court Appointed Services (Plea, Competency, Ad Litem, etc.)				12a. Total Flat Fee
Service Provided	#			
Number of Other Cases (not to Exceed 3 Cases)	#			
Cause Numbers				
				\$

13. **Time Period of service Rendered:** From _____ Date to _____ Date

14. 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

15. SIGNATURE OF PRESIDING JUDGE:	Amount Approved:
Reason(s) for Denial or Variation	