Attorney Fee Voucher (Archer, Clay, & Montague Counties)

Instruction: Please complete one fee voucher form for each case

County	**Jurisdiction:**	**Cause No.**	**Offense:**
☐ Archer ☐ Clay ☐ Montague	___ County ___ Juvenile		

Defendants Name:

Flat Fee – Court Appointed Services

Check	**Case Level**	**Flat Fee**	**Amount Claimed**
	MISDEMEANOR		
	Dismissal of a filed case	$225.00	
	Plea	$450.00	
	Revocation/Adjudication	$400.00	
	JUVENILE		
	Detention Hearing	$300.00	
	Adjudication/Disposition	$450.00	

Hourly Rate – Court Appointed Services
(Itemized Billing Statement Required)

Check	**Case Level**	**Hourly Rate**	**Amount Claimed**
	Misdemeanor	$150.00	
	Juvenile	$150.00	
			Total Amount Claimed **$**

Attorney Identification Information

Attorney Name:	State Bar No:
Mailing Address:	Telephone No:
Email Address:	

Attorney Certification

I, the undersigned attorney, certify that the above information is true and correct 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. I further swear or affirm that I have not received nor will receive any money or anything else of value for representing the accused, except as otherwise disclosed to the Court in writing.

Time Period of Services Rendered: From _____ to _____
Have previous vouchers been submitted for this case? ☐ Yes ☐ No
Is this voucher for Final Payment ☐ Yes ☐ No

_____
Signature Date

Order

Amount Approved $_____

_____
Presiding Judge Date

Reason for Denial or Variance: