

ATTORNEY FEE VOUCHER Nueces County Court At Law Court #	INSTRUCTIONS: Please complete one fee voucher form for each cause number. If the defendant has multiple cases, staple all fee voucher forms together and submit to the County Court at Law Judge.																														
OFFENSE:	Cause No.: _____ <input type="checkbox"/> PLEA <input type="checkbox"/> BENCH TRIAL <input type="checkbox"/> JURY TRIAL																														
In the case of: State of Texas v.																															
Part I <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">WITHDRAWAL/SUBSTITUTION</td> <td style="width: 10%;">\$100</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 33%;">PLEA</td> <td style="width: 10%;">\$400</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>PREFILE NO CHARGE</td> <td>\$200</td> <td><input type="checkbox"/></td> <td>MAGISTRATE COURT PLEA</td> <td>\$300</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DISMISSAL</td> <td>\$250</td> <td><input type="checkbox"/></td> <td>MAGISTRATE COURT MTR</td> <td>\$250</td> <td><input type="checkbox"/></td> </tr> <tr> <td>MTR</td> <td>\$300</td> <td><input type="checkbox"/></td> <td>JURY TRIAL</td> <td>ITEMIZE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BENCH TRIAL</td> <td>\$750</td> <td><input type="checkbox"/></td> <td>APPEAL</td> <td>ITEMIZE</td> <td><input type="checkbox"/></td> </tr> </table>		WITHDRAWAL/SUBSTITUTION	\$100	<input type="checkbox"/>	PLEA	\$400	<input type="checkbox"/>	PREFILE NO CHARGE	\$200	<input type="checkbox"/>	MAGISTRATE COURT PLEA	\$300	<input type="checkbox"/>	DISMISSAL	\$250	<input type="checkbox"/>	MAGISTRATE COURT MTR	\$250	<input type="checkbox"/>	MTR	\$300	<input type="checkbox"/>	JURY TRIAL	ITEMIZE	<input type="checkbox"/>	BENCH TRIAL	\$750	<input type="checkbox"/>	APPEAL	ITEMIZE	<input type="checkbox"/>
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BENCH TRIAL	\$750	<input type="checkbox"/>	APPEAL	ITEMIZE	<input type="checkbox"/>																										
Part II I am requesting attorneys' fees <u>IN LIEU OF THE FLAT FEE FOR EXCEPTIONAL CIRCUMSTANCES:</u> YES / NO Attached is supporting documentation for such request.																															
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">In Court</td> <td style="width: 20%;">_____</td> <td style="width: 20%;">Hours x \$120 per hour =</td> <td style="width: 30%;">_____</td> </tr> <tr> <td>Out of Court</td> <td>_____</td> <td>Hours x \$ 80 per hour =</td> <td>_____</td> </tr> </table> Jury Trial: In Court _____ Hours x \$120 per hour = _____		In Court	_____	Hours x \$120 per hour =	_____	Out of Court	_____	Hours x \$ 80 per hour =	_____																						
In Court	_____	Hours x \$120 per hour =	_____																												
Out of Court	_____	Hours x \$ 80 per hour =	_____																												
Reimbursable expenses (with prior approval and receipts for expenses incurred) ITEMIZED _____																															
TOTAL: _____																															
ATTORNEY IDENTIFICATION INFORMATION																															
Attorney Name or Firm:	State Bar No.																														
Email Address:	Telephone No.																														
Mailing Address (Number, Street, Suite, City, State, Zip):	Fax No.																														
Vendor No.:	County Auditor Use:																														
Dept. Key Code: Secondary Reference:																															
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. I further swear or affirm that I have not received nor will receive money or anything of value for representing the accused, except as otherwise disclosed in writing to the Court.																															
Time Period of Services Rendered: From: _____ To: _____ Have previous vouchers been submitted in this case? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this voucher for: final payment: <input type="checkbox"/> Partial Payment <input type="checkbox"/>																															
_____ Signature and Date																															
ORDER																															
Amount Approved:\$ _____	Recorded by: Anne Lorentzen, District Clerk, by Deputy Clerk (signature)																														
_____ Presiding Judge Date																															
Reason(s) for Denial or Variation:																															
<input type="checkbox"/> Multiple cases/overlapping work	<input type="checkbox"/> Insufficient documentation																														
<input type="checkbox"/> Excessive Hourly request based on prior court experience	<input type="checkbox"/> Other																														
Approved by Council of Judges 12.13.22																															

DETAILS OF SERVICES PERFORMED

Date of Service

Description of Service

Time (.1 increments)

In Court Services:

Total:

Out of Court Services:

Total:

Other Services and Reimbursable Expenses (please attached proof and itemization):

Total: