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| ATTORNEY FEE VOUCHER Nueces County District Courts | 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 State District Judge. |
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|--------------------------|---|
| State of Texas v. | Cause No.: _____ <input type="checkbox"/> PLEA <input type="checkbox"/> MTR <input type="checkbox"/> TRIAL <input type="checkbox"/> APPEAL |
|--------------------------|---|

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|-----------------|---|
| OFFENSE: | Case Level: <input type="checkbox"/> FC <input type="checkbox"/> CR <input type="checkbox"/> Divert/Other |
|-----------------|---|

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|--------------------------------|--------------|--------------------------|------------|--------------|--------------------------|
| Part I | | | | | |
| WITHDRAWAL/SUBSTITUTION | \$100 | <input type="checkbox"/> | SJF | \$500 | <input type="checkbox"/> |
| NO CHARGE | \$200 | <input type="checkbox"/> | 3rd | \$550 | <input type="checkbox"/> |
| DISMISSAL/DIVERT | \$300 | <input type="checkbox"/> | 2nd | \$750 | <input type="checkbox"/> |
| MTR | \$450 | <input type="checkbox"/> | 1st | \$900 | <input type="checkbox"/> |

Part II
I am requesting attorneys' fees **IN LIEU OF THE FLAT FEE ABOVE** and have prior approval of the trial Judge to do so, or I am submitting justification for the request and have attached documentation to support this request.
 YES NO

| | | | |
|---|-------|---------------------------------|---------------------|
| In Court | _____ | Hours x \$120 per hour = | _____ |
| Out of Court | _____ | Hours x \$ 80 per hour = | _____ |
| Jury Trial: | | | |
| In Court | _____ | Hours x \$120 per hour = | _____ |
| Reimbursable expenses (with prior approval and receipts for expenses incurred) ITEMIZED _____ | | | |
| | | | TOTAL: _____ |

| | | | |
|---|-------|--|-------|
| APPEAL | _____ | Hours x \$100 per hour Out of Court = | _____ |
| | _____ | Hours x \$120 per hour In Court = | _____ |
| Reimbursable expenses (with prior approval and receipts for expenses incurred) ITEMIZED _____ | | | |

ATTORNEY IDENTIFICATION INFORMATION

| | |
|------------------------------|-------------------------------------|
| Attorney Name or Firm: _____ | State Bar No. _____ |
| Email Address: _____ | Tel No. _____ Fax: _____ |
| Address: _____ | County Auditor USE: DEPT – Key Code |
| Vendor No. _____ | 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 any money or anything of value for representing the accused, except otherwise disclosed in writing to the Court.

Time Period of Services Rendered: From: _____ To: _____
Have previous vouchers been submitted in this case? YES NO
Is this voucher for final payment: YES NO

Signature and Date

ORDER

All itemized statements are subject to review and fees may be adjusted by the Court based on the complexity of the case.

| | |
|-------------------------------|---|
| Amount Approved: _____ | Reason(s) for Denial or Variation: |
| _____ | <input type="checkbox"/> Excessive Hourly request based on prior court experience |
| _____ | <input type="checkbox"/> Insufficient documentation |
| _____ | <input type="checkbox"/> Multiple cases/overlapping work |
| _____ | <input type="checkbox"/> Other |

| | |
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| Approved by Council of Judges 2/21/23 | Recorded by: Anne Lorentzen, District Clerk, by Deputy Clerk (signature) |
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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: