

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.

State of Texas v. _____
Cause No.: _____
 PLEA MTR TRIAL APPEAL

OFFENSE: _____
Case Level: FC CR Divert/Other

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"/>

I am requesting attorneys' fees IN LIEU OF THE FLAT FEE ABOVE and **have prior approval of the trial Judge** to do so with the following extenuating circumstances and have attached documentation to support this request.

YES NO
Explanation: _____

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: _____
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 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
Is a copy of the No Charge/Dismissal attached? : YES NO
Is a copy of the Acceptance of Appointment **with Defendant's signature** attached? : 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:
 Excessive Hourly request based on prior court experience
 Insufficient documentation
 Multiple cases/overlapping work
 Other

Presiding Judge _____ Date _____

Approved by Council of Judges 6/20/23 Recorded by: Anne Lorentzen, District Clerk, by Deputy Clerk (signature)

