

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.: _____ <input type="checkbox"/> PLEA <input type="checkbox"/> MTR <input type="checkbox"/> TRIAL <input type="checkbox"/> APPEAL	
OFFENSE:		Case Level: <input type="checkbox"/> FC <input type="checkbox"/> CR <input type="checkbox"/> 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 prior to filing the Attorney Fee Voucher to do so with the following extenuating circumstances and have attached documentation to support this request. <input type="checkbox"/> YES <input type="checkbox"/> NO Explanation: _____ _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> In Court _____ Hours x \$120 per hour = _____ Out of Court _____ Hours x \$ 80 per hour = _____ </div> </div> Reimbursable expenses (with prior approval and receipts for expenses incurred) ITEMIZED _____ <div style="text-align: right; margin-top: 5px;"> TOTAL: _____ </div>			
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 _____ Secondary Reference: _____	
Vendor No. _____			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this voucher for final payment: <input type="checkbox"/> YES <input type="checkbox"/> NO Is a copy of the Dismissal in the Court's file? : <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Is a copy of the Acceptance of Appointment in the Court's file? : <input type="checkbox"/> YES <input type="checkbox"/> 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: _____ _____ Presiding Judge		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	
Date		Recorded by: Anne Lorentzen, District Clerk, by Deputy Clerk (signature)	
Approved by Council of Judges 7/17/23			

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: