

<p align="center">INVESTIGATOR FEE VOUCHER</p> <p>Nueces County District Courts Court #:</p>	<p>INSTRUCTIONS: Please complete one fee voucher form for each case. If the defendant has multiple cases, staple all fee voucher forms together and submit to the State District Judge.</p>
<p>In the case of: State of Texas vs.</p>	<p>Cause No.: _____</p>
<p>OFFENSE: _____</p>	
<p>I am requesting investigation fees as authorized by the Nueces County Court Plan approved by the Nueces County Board of Judges in the amount of \$50.00 per hour. Documentation for pre-approved investigative expenses must be attached to support such request. Otherwise, only pre-approved expenses will be paid.</p> <p>Number of hours _____ x \$50 = _____</p> <p>Reimbursable expenses (with prior approval - attach receipts) Itemized: _____</p> <p align="center">TOTAL: _____</p> <p>(Documentation justifying such request is attached.) (Attach a copy of the Order authorizing your services.)</p>	
<p align="center">VENDOR IDENTIFICATION INFORMATION</p>	
<p>VENDOR NAME: _____</p> <p>ADDRESS: _____</p> <p>TELEPHONE: _____ FAX: _____</p> <p>EMAIL: _____ VENDOR NO.: _____</p>	
<p>County Auditor Use:</p> <p>Dept -Key Code: _____ Secondary Reference: _____</p>	
<p>I, THE UNDERSIGNED, certify that the above information is true and correct and in accordance with the laws of the State of Texas, and that the 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 providing the aforementioned services.</p> <p>Time period of services rendered: From: _____ to _____.</p> <p align="right">_____ Signature and date</p> <p>Have previous vouchers been submitted for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is this voucher for final or partial payment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p align="center">ORDER</p> <p>SIGNATURE OF TRIAL JUDGE: _____ DATE: _____</p> <p>REASON FOR DENIAL OR VARIANCE: _____</p>	
<p>APPROVED BY COUNCIL OF JUDGES 8.21.19</p>	<p>RECORDED BY ANNE LORENTZEN, DISTRICT CLERK, BY DEPUTY CLERK (SIGNATURE)</p>

DETAILS OF SERVICES PERFORMED

Date of Service

Description of Service

Time

In Court Services:

Total

Out of Court Services:

Total

Other Services and Reimbursable Expenses:
(please attach proof and itemization.)

Total