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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Attorney JUVENILE Fee Voucher</b><br><b>Nueces County Court at Law 5</b>                                                                                                                                                                                                                                                                                                                                                                                              | <p style="text-align: center;"><b>INSTRUCTIONS</b></p> <p>Use one claim form after each hearing.<br/> Each claim must be typed or printed.<br/> Submit completed form to the Judge for approval after each hearing.</p>                                                                                                          |
| <p>Cause No.: _____ -JUV- _____</p> <p>Juvenile's Name: _____</p> <p>_____</p> <p><b>Type of Hearing (check one)</b></p> <p>( ) Detention                      ( ) Bench Trial</p> <p>( ) Adjudication                  ( ) Jury Trial</p> <p>( ) Modification                  ( ) Restitution</p> <p>( ) Disposition                    ( ) Certification</p> <p>( ) Chapter 55</p> <p>( ) Other: _____</p> <p style="text-align: center;"><i>(please explain)</i></p> | <p>Court Date: _____</p> <p>Hours in Court on this case: _____</p> <p>Hours out of Court on this case: _____</p> <p style="text-align: center;"><i>(Please itemize <u>all out of Court time!!!</u>)</i></p> <p>Reasonable Expenses: _____</p> <p>_____</p> <p style="text-align: center;"><i>(Receipts must be attached)</i></p> |

**NO COMPENSATION FOR WORK ON THIS CASE HAS BEEN, NOR DO I ANTICIPATE WILL BE RECEIVED FROM ANY OTHER SOURCE. I SWEAR UNDER OATH THAT THE CONTENTS OF THIS APPLICATION FOR FEES ARE TRUE AND CORRECT.**

\_\_\_\_\_  
ATTORNEY NAME *(please print)*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
BAR NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

**ORDER**

FEE ORDERED: \$ \_\_\_\_\_

APPROVED:

DATE: \_\_\_\_\_

**PATSY PEREZ, DISTRICT CLERK**

\_\_\_\_\_  
Judge, County Court at Law 5

BY: \_\_\_\_\_  
Deputy

Date Audited: \_\_\_\_\_ PO# \_\_\_\_\_

By: \_\_\_\_\_  
Assistant County Auditor