

Attorney Fee Voucher

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> County Court at Law Court # _____	2. County _____	3. Cause Number _____ _____	Offense _____ _____	4. Proceedings <input type="checkbox"/> Trial-Jury <input type="checkbox"/> Trial-Court <input type="checkbox"/> Plea-Open <input type="checkbox"/> Plea- Bargain <input type="checkbox"/> Other _____
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5. In the case of: State of Texas v

6. Case Level
 Felony Misdemeanor Juvenile Appeal Capital Case

 Revocation – Felony Revocation – Misdemeanor No Charges Filed Other _____

7. Attorney (Full Name)	9. Attorney Address (Include Law Firm Name if Applicable)	10. Telephone
8. State Bar Number	8a. Tax ID Number	11. Fax

12. Flat Fee – Court Appointed Services	12a. Total Flat Fee
	\$

13.	In Court Services	Hours	Dates	13a. Total In Court Compensation.
	Rate per Hour =	Total hours		\$

14.	Out of Court Services	Hours	Dates	14a. Total Out of Court Compensation.
	Rate per Hour =	Total hours		\$

15.	Investigator	Amount	15a. Total Investigator Expenses
			\$

16.	Expert Witness	Amount	16a. Total Expert Witness Expenses
			\$

17.	Other Litigation Expenses	Amount	17a. Total Other Litigation Expenses
			\$

18. Time Period of service Rendered: From _____ to _____
Date Date

19. Additional Comments	20. Total Compensation and Expenses Claimed
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21. 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.

Final Payment Partial Payment

Signature Date

22. SIGNATURE OF PRESIDING JUDGE:	Amount Approved:
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Reason(s) for Denial or Variation

CPS CASES ONLY:
Number of children represented: _____
Date of Appointment: _____
Name of Person(s) represented (use initials for minors): _____