D

HOURLY FEE ATTORNEY VOUCHER - Supplemental\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Jurisdiction – Court #  Court # | | 2. County   * Potter * Randall * Armstrong | 3. Cause No(s) | 4. Proceeding  □ Trial □ Dismissed  □ Plea Bargain  □ Appeal □ Other | |
| 5. Style: State of Texas v. | | | | | |
| 7. Attorney (Full Name) 8. Telephone Number | | | | | |
| 9. Date | 10. Service | | 11. Description | | 12. Billable Unit |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |

\****Attorneys are required to use approved Service Descriptions, billable units and hourly increments as defined by Hourly Fee Payment Plan Instructions***.

Page of