Randall County Attorney Fee Voucher (Itemized/Hourly)

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| 1. Jurisdiction  District County County Court at Law  Court # | | 2. County  Randall Other: | | 3. Cause Number(s): | | | | | 4. Proceedings Trial  Plea  Other | |
| 5. In the case of:  **State of Texas v** | | | | | | | | | | |
| 6. Case Level (Highest charge)  Felony – SJF Felony – 3rd Felony – 2nd Felony – 1st Misdemeanor Juvenile Appeal Capital Case Family/CPS Revocation – Felony Revocation – Misdemeanor No Charges Filed Other | | | | | | | | | | |
| 7. Attorney (Full Name) | | | | | | 9. Attorney/Law Firm Address: | | 10. Phone: | | |
| 8. State Bar Number: | | | | | | 11. E-Mail: | | |
| 12. | Rate Per Hour (Select one):  1st/2nd Degree List = $150.00 per hour  SJF/3rd Degree List = $100.00 per hour Misdemeanor List = $75.00 per hour | | | | 13. | | **Routine Client Case Events** ($150 flat fee)  Includes all the following tasks: Opening File/Initial Contact of client/Letter of Representation/Request for Discovery 39.14/Extraneous Offense Request/Waiver of Arraignment/Close File/ Prepare Fee Voucher  Completed ($150) | | | |
| 14. | Service Rendered | | Date of Service | | Brief Description | | | | | Billable Unit(s) |
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| 14a. |  | |  | | Total Billable Units: |
| 15 |  | | Total Billable Units x Hourly Rate = | | $ |
| 16. | **Investigator** | | | Amount | 18a. Total (Investigator Expenses):  $ |
|  |  | | |  |
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| 17. | **Expert Witness** | | | Amount | 19a. Total (Expert Wit. Expenses):  $ |
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| 18. | **Other Litigation Expenses** | | | Amount | 20a. Total Other Lit. Expenses:  $ |
| Copies (.10 cents per page) | | | Pages x .10 = $ |
|  | | |  |
|  | | |  |
| **19. Total Compensation and Expenses Claimed:** | | |  | **$** |  |
| 20. **Time Period of Service Rendered:** From to  Date Date | | | | | |

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| 21. Additional Comments: | |
| 22. **Attorney Certification** – I, the undersigned attorney, certify that the above information is true and correct and in accordance with the Randall County Attorney Fee Schedule and 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 | |
| 23. SIGNATURE OF RANDALL COUNTY MAC DIRECTOR/PRESIDING JUDGE:  Signature Date | Amount Approved: |
| Reason(s) for Denial or Variation: | |