

Refugio County Attorney Fee Voucher

1. Jurisdiction: <input checked="" type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> 24th <input type="checkbox"/> County Court at Law <input type="checkbox"/> 135th <input type="checkbox"/> # 1 <input type="checkbox"/> 267th <input type="checkbox"/> # 2 <input type="checkbox"/> 377th <input type="checkbox"/> No Charges filed	2. County: <input type="checkbox"/> Calhoun <input type="checkbox"/> DeWitt <input type="checkbox"/> Goliad <input type="checkbox"/> Jackson <input checked="" type="checkbox"/> Refugio <input type="checkbox"/> Victoria	3. Style: Cause No. _____ <input type="checkbox"/> Criminal: The State of Texas vs. <input type="checkbox"/> Juvenile: In the matter of _____ <input type="checkbox"/> Civil: vs. _____	County Account # (except Victoria): <hr/> Refugio County Account # <input type="checkbox"/> 24th: 100-435-4110 <input type="checkbox"/> 135th: 100-435-4120 <input type="checkbox"/> 267th: 100-435-4130 <input type="checkbox"/> 377th: 100-435-4140 <input type="checkbox"/> Co. Ct. @ Law #1:100-425-4008 <input type="checkbox"/> Co. Ct. @ Law #2:100-426-4008 <input type="checkbox"/> Juvenile: 100-574-4008
4a. Flat Fee - Court Appointed Services: <input type="checkbox"/> No Charges filed -----\$ 100.00 <input type="checkbox"/> Felony -----\$ 450.00 <input type="checkbox"/> Felony (Adj./Rev.)-----\$ 350.00 <input type="checkbox"/> Misdemeanor-----\$ 325.00 <input type="checkbox"/> Misdemeanor/Adj./Rev.- \$ 275.00 <input type="checkbox"/> JUVENILE ----- \$ 275.00 <input type="checkbox"/> Multiple case -----\$ 100.00 <input type="checkbox"/> Felony Appeal-----\$ 1,575.00 <input type="checkbox"/> Misdemeanor Appeal --\$ 1000.00 <input type="checkbox"/> Juvenile Appeal -----\$ 1000.00 <input type="checkbox"/> Mental / Other -----\$ 325.00		4b. Hourly fee (complete if not claiming flat fee - Detail service, time spent & dates on separate paper) Total Hours In Court: _____ Total Hours Out of Court: _____ TOTAL HOURS: _____	
5. Investigation Expenses (attach supporting documentation)		Amount Claimed	Court-Approved Investigation Expenses: \$
6. Expert Witness Expenses (attach supporting documentation)		Amount Claimed	Court-Approved Expert Witness Expenses: \$
7. Other Litigation Expenses (detail)		Amount Claimed	Court-Approved Other Litigation Expenses: \$
<input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment 8. 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. The county auditor has been provided my current address & TIN on IRS form W-9. _____ Signature Date		Total Amount Approved By Court: \$	
Print Name: _____ State Bar # _____		IT IS ORDERED that the above-approved amount be paid. Signed the _____ day of _____, _____.	
Reason(s) for denial or variation, if any:		_____ JUDGE PRESIDING	
Rev. 11/3/2022			