

# In the Criminal District Courts Of Travis County Texas

Voucher #:

State vs.

District Court

Cause No(s).

Offense(s)

## Request for Payment for Services Rendered as Assigned Counsel

In the numbered and entitled cause(s) contained in this voucher, I represent to the court the following are true and correct:

- 1) The defendant has been determined to be indigent and in need of legal services pursuant to the Code of Criminal Procedure Chapter 26.
- 2) I am duly qualified and assigned by the Program Administrator to represent the defendant in this cause according to the Travis County Fair Defense Plan.
- 3) All services claimed in this voucher were rendered to the defendant in the disposition of this cause, and were reasonable and necessary.

Fee Type	Quantity	Unit Cost	Extended Total

Vouchers shall be submitted at the time the case is disposed of, except for trials. In the case of trials, vouchers should be submitted within 30 days of the conclusion of the case. Failure to comply may result in suspension from the court appointment list.

**I RESPECTFULLY REQUEST PAYMENT IN THE TOTAL AMOUNT OF:   \$   FOR SERVICES PROVIDED FROM**

**Pay To:**

**Vendor #:**

Payment will be sent to the Attorney's Address currently on file with the Travis County Auditor's Department. Updates to the remittance address are only accepted by the Travis County Auditor's Department. Should you need to change your address or other payment-related information, please contact the Auditor's Office at (512) 854-0125.

By submitting this voucher, I swear or affirm this voucher accurately represents services performed, and I have not received any money or anything of value except as approved by CAPDS. I am requesting compensation pursuant to the guidelines of the Travis County Fair Defense Plan and subject to the Policies of CAPDS.

Attorney submitting voucher, indicating verification of claim accuracy:

Date Submitted:

## Payment Authorization

Having reviewed the foregoing request, and considering the facts of this case and the local guidelines for payment of counsel, CAPDS finds that \_\_\_\_\_ is proper, and authorize the payment be made in that amount.

**Authorized by the Capital Area Private Defender Service**

Date/Time: