Attorney Fee Voucher

1. Jurisdiction	2. County	3. Cause Number	Offense	4. Proceedings
☒ District ☐ County ☐ County Court at Law Court #_____		_____ _____ _____	_____ _____ _____	☐ Trial-Jury ☐ Trial-Court ☐ Plea-Open ☐ Plea- Bargain ☐ Other _____

5. In the case of:
State of Texas v _____

6. Case Level and Fee election:
☐ Felony ☐ Misdemeanor ☐ Juvenile ☐ Appeal ☐ Capital Case ☐ Flat Fee ☐ Hourly Fee
☐ 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

State Jail Felony/Misd.	Third Degree Felony	Second Degree Felony	First Degree Felony	12a. Total Flat Fee
☐ $475 ☐ Jail Visit ☐ Video Conf.	☐ $500 ☐ Jail Visit ☐ Video Conf.	☐ $675 ☐ Jail Visit ☐ Video Conf.	☐ $800 ☐ Jail Visit ☐ Video Conf.	$

Revocation:	Extradition:	Additional Plea: (Defendant pleading in more than one case. $200 for additional plea)	Fee add-in from TIC cases:	Total TIC add-in
☐ $400 ☐ Jail Visit ☐ Video Conf	☐ $250	☐ $200	Cause #s _____ _____ _____ ☐ $_____	$

13.	**In Court Services**	Hours	Dates	13a. Total In Court Compensation.
	plea		4/17/24	
	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 $
	Attorney Comments:		

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

19. **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)

20. SIGNATURE OF PRESIDING JUDGE:	Amount Approved: