

# WALKER COUNTY COURT AT LAW ATTORNEY FEE VOUCHER

Cause Number	Offense	<input type="checkbox"/> Trial-Jury	<input type="checkbox"/> Dismissed
		<input type="checkbox"/> Trial-Court	<input type="checkbox"/> Rejected
		<input type="checkbox"/> Plea	<input type="checkbox"/> Hired Atty
		<input type="checkbox"/> Open Plea	<input type="checkbox"/> Withdrawal
In the case of:			
<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor MTR/MTA <input type="checkbox"/> Misdemeanor Appeal <input type="checkbox"/> Juvenile <input type="checkbox"/> Juvenile Appeal <input type="checkbox"/> Child Support <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____			
Attorney (Full Name)		Attorney Address (Include Law Firm Name if Applicable)	Telephone
State Bar Number	Tax ID Number		Fax
<b>Flat Fee – Court Appointed Services</b>			Total Flat Fee
<input type="checkbox"/>	Misdemeanor Plea/Dismissal	\$500	\$
<input type="checkbox"/>	Juvenile	\$500	
<input type="checkbox"/>	Additional Cases	_____ quantity \$100 per charge	
<input type="checkbox"/>	Declined/Rejected Cases	_____ quantity \$100 per charge	
<input type="checkbox"/>	MTA/MTR/Suppression/Sentencing Hearing Preparation	_____ hours \$90 per hour (\$250 maximum)	
<input type="checkbox"/>	MTA/MTR/Suppression/Sentencing Hearing	_____ hours \$90 per hour (\$500 maximum)	
<input type="checkbox"/>	Trial Preparation	_____ hours \$90 per hour (\$850 maximum)	
<input type="checkbox"/>	Jury or Bench Trial	_____ days \$500 per 1/2 day	
	In Court Services (attach detailed billing)	_____ hours \$90 per hour	Total In Court Services \$
	Out of Court Services (attach detailed billing)	_____ hours \$75 per hour	Total Out of Court Services \$
<b>Investigator/Expert/Other Expenses</b>		Amount	Total Expenses
		Prior approval by Court: <input type="checkbox"/> yes <input type="checkbox"/> no	
		Prior approval by Court: <input type="checkbox"/> yes <input type="checkbox"/> no	
		Prior approval by Court: <input type="checkbox"/> yes <input type="checkbox"/> no	\$
<b>Time Period of service Rendered:</b> From _____ to _____ Date Date			
Additional Comments			Total Compensation and Expenses Claimed
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.			
<input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment    _____ Signature Date			
SIGNATURE OF PRESIDING JUDGE:		Date:	Amount Approved:
Reason(s) for Denial or Variation			