

# Attorney Fee Voucher

Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County	County	Cause Number (s) _____ _____ _____	Proceedings <input type="checkbox"/> Trial-Jury <input type="checkbox"/> Trial-Court <input type="checkbox"/> Plea-Open <input type="checkbox"/> Plea-Bargain <input type="checkbox"/> Other _____
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In the case of: State of Texas v \_\_\_\_\_

Case Level  
 Felony     Misdemeanor     Juvenile     Appeal     Capital Case  
 Revocation – Felony     Revocation – Misdemeanor     No Charges Filed     Other \_\_\_\_\_

Attorney (Full Name)	Attorney Address (Include Law Firm Name if Applicable)	Telephone
State Bar Number	Tax ID Number	Fax

	In Court Services	Hours	Dates	13a. Total In Court Compensation.
	Rate per Hour = \$60.00	Total hours		\$

	Out of Court Services	Hours	Dates	Total Out of Court Compensation.
	Rate per Hour = \$60.00	Total hours		\$

Investigator	Amount	Total Investigator Expenses
		\$

Expert Witness	Amount	Total Expert Witness Expenses
		\$

Time Period of service Rendered: From _____ to _____	Other Litigation Expenses	Amount	Total Other Litigation Expenses
			\$

<b>Additional Comments</b> 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	Total Compensation and Expenses Claimed: \$
Date _____	

SIGNATURE OF PRESIDING JUDGE:

  
  
  

Reason(s) for Denial or Variation	Amount Approved:
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