

Attorney Fee Voucher

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> County Court at Law Court # _____	2. County _____	3. Cause Number _____ _____ _____ _____	Offense _____ _____ _____	4. 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 _____	
5. In the case of: State of Texas v _____					
6. Case Level <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <input type="checkbox"/> Appeal <input type="checkbox"/> Capital Case <input type="checkbox"/> Revocation – Felony <input type="checkbox"/> Revocation – Misdemeanor <input type="checkbox"/> No Charges Filed <input type="checkbox"/> 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				12a. Total Flat Fee _____	
				\$	
13.	In Court Services		Hours	Dates	13a. Total In Court Compensation. \$ _____
	_____		_____	_____	
	_____		_____	_____	
	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 \$ _____
	_____			_____	
	_____			_____	
18. Time Period of service Rendered: From _____ to _____ Date Date					
19. Additional Comments _____ _____				20. Total Compensation and Expenses Claimed _____	
21. 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					
22. SIGNATURE OF PRESIDING JUDGE: _____				Amount Approved: _____	
Reason(s) for Denial or Variation _____ _____					