## **Attorney Fee Voucher**

Capital Case of:   State of Texas v	Jurisdiction ☐ District ☐ County		ounty	Cause Number (s)		Proceedings  Trial-Jury Trial-
In the case of:    State of Texas v						Court
In the case of:    Case Level						Bargain
State of Texas v   Felony   Misdemeanor   Juvenile   Appeal   Capital Case   Attorney (Full Name)   Attorney (Full Name)   Tax ID Number   Tax						Other
Case Level   Felony   Misdemeanor   Juvenile   Appeal   Capital Case   Revocation - Felony   Revocation - Misdemeanor   No Charges Filed   Other		s v				
Revocation - Felony   Revocation - Misdemeanor   No Charges Filed   Other	Case Level					
Attorney (Full Name)    Attorney Address (Include Law Firm Name if Applicable)   Telephone	Felony   Misdemeanor   Juve	nile L Appeal	Capital Cas	se		
State Bar Number    Tax ID Number	Revocation – Felony Revocation	n – Misdemeanor	No Charges F	filed Other		
Tax ID Number   Fax   Fax	Attorney (Full Name)				ss (Include Law Firm Name	Telephone
In Court Services				if Applicable)		
Rate per Hour =   Total hours   Society   Total hours   Total hours   Society   Total hours   Tota	State Bar Number		ax ID Number			Fax
Rate per Hour =   Total hours   Society   Total hours   Total hours   Society   Total hours   Tota						
Rate per Hour =   Total hours   So.000   So.000		In Court Serv	ices	Hours	Dates	
Solution						_ Compensation.
Solution		Data man Have	- Total haves			- s
Rate per Hour =   Total hours   Sol.0.0   Total Investigator   Total Investigator   Expenses   S   S   S   S   S   S   S   S   S			- Total flours			-
Rate per Hour =   Total hours   S60.00   Total hours   S60.00   Total hours   Total Investigator   Expenses   S   S   S   S   S   S   S   S   S		Out of Court	Services	Hours	Dates	
Solution						Compensation.
Solution		D	T . 11			
Expert Witness Amount Total Expert Witness Expenses S  Time Period of service Rendered: From to Additional Comments 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  Signature  Signature  Signature  Expenses S Total Other Litigation Expenses S Calimed: Signature Signature			= Total hours			
Expert Witness Amount Total Expert Witness Expenses S  Time Period of service Rendered: From to to  Additional Comments  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  Signature  Signature  Signature  Total Compensation and Expenses Claimed:  \$  Signature  Signature		Investigator			Amount	
Time Period of service Rendered: From to to to the Litigation Expenses						
Time Period of service Rendered: From to  Additional Comments  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  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Total Compensation and Expenses Claimed: \$  Signature  Signature		Expert Witness			Amount	
Additional Comments  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     Date   Signature						
Additional Comments  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	Time Period of service Rendered:	Other Litigation Expenses			Amount	
Additional Comments  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     Si	and the state of t					Expenses
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provide effective assistance of counsel.    Final Payment   Partial Payment	Attorney Certification - I, the undersigned					
Signature   Sign						
Signature Date  SIGNATURE OF PRESIDING JUDGE:						
SIGNATURE OF PRESIDING JUDGE:		Signature				8
Reason(s) for Denial or Variation  Amount Approved:	SIGNATURE OF PRESIDING JUDGE:					
Reason(s) for Denial or Variation  Amount Approved:						
Reason(s) for Denial or Variation  Amount Approved:						
Reason(s) for Denial or Variation  Amount Approved:						
	Reason(s) for Denial or Variation	Amount Approved:				