

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 I <input type="checkbox"/> Felony II <input type="checkbox"/> Felony III <input type="checkbox"/> Felony SJ <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 _____ Date to _____ 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 _____ _____				