

MADISON COUNTY COURT 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"/> Felony <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____			
Attorney (Full Name)		Attorney Address (Include Law Firm Name if Applicable)	
State Bar Number		Telephone	
Tax ID Number		Fax	
Flat Fee – Court Appointed Services			Total Flat Fee
<input type="checkbox"/>	Misdemeanor Plea/Dismissal	\$500	
<input type="checkbox"/>	Juvenile	\$500	
<input type="checkbox"/>	Declined/Rejected or Additional Cases	_____ quantity \$100 per case or count	
<input type="checkbox"/>	MTA/MTR/Suppression/Sentencing Hearing Preparation	\$90 hr (\$250 max)	
<input type="checkbox"/>	MTA/MTR/Suppression/Sentencing Hearing	_____ hours \$90 hr (\$500 max)	
<input type="checkbox"/>	Trial Preparation	\$90 hr (\$850 max)	
<input type="checkbox"/>	Jury or Bench Trial	_____ days \$500 per 1/2 day	\$
In Court Services (attach detailed billing)			Total In Court Services
_____ hours \$90 per hour			\$
Out of Court Services (attach detailed billing)			Total Out of Court Services
_____ hours \$70 per hour			\$
Investigator/Expert/Other Expenses		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			
Time Period of service Rendered: From _____ to _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Date Date </div>			
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			
_____			Date
Signature			
SIGNATURE OF PRESIDING JUDGE:		Date:	Amount Approved:
Reason(s) for Denial or Variation			