

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	Tax ID Number	Telephone
		Fax
Flat Fee – Court Appointed Services		
<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
		Total Flat Fee
		\$
In Court Services (attach detailed billing)		_____ hours \$90 per hour
		Total In Court Services
		\$
Out of Court Services (attach detailed billing)		_____ hours \$70 per hour
		Total Out of Court Services
		\$
Investigator/Expert/Other Expenses		Amount
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		
		Total Expenses
		\$
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		
_____ <div style="text-align: center;">Signature</div>		_____ <div style="text-align: center;">Date</div>
SIGNATURE OF PRESIDING JUDGE:		Date:
		Amount Approved:
Reason(s) for Denial or Variation		