

## ATTORNEY FEE VOUCHER

Cause Number	Offense	<input type="checkbox"/> 12 <sup>th</sup>	<input type="checkbox"/> Walker
_____	_____	<input type="checkbox"/> 278 <sup>th</sup>	<input type="checkbox"/> Madison
_____	_____	<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"/> Felony	<input type="checkbox"/> Felony MTR/MTA	<input type="checkbox"/> Felony SPU	<input type="checkbox"/> Felony Appeal
<input type="checkbox"/> Capital Case			
Attorney (Full Name)		Attorney Address (Include Law Firm Name if Applicable)	
Telephone			
State Bar Number	Tax ID Number	Fax	
<b>Flat Fee – Court Appointed Services</b>			Total Flat Fee
<input type="checkbox"/>	First Degree/Second Degree Plea/Dismissal	\$1,750	\$
<input type="checkbox"/>	Third Degree/State Jail Plea/Dismissal	\$1,000	
<input type="checkbox"/>	Additional Cases _____ quantity	\$100 per charge/count	
<input type="checkbox"/>	Declined/Rejected Cases _____ quantity	\$100 per charge/count	
<input type="checkbox"/>	Bilingual Attorney Stipend	\$100	
<input type="checkbox"/>	Trial/Hearing Preparation _____ hours	\$90 per hour (detail attached)	
<input type="checkbox"/>	Jury or Bench Trial/Contested Hearing Appearance _____ hours	\$90 per hour (detail attached)	
<input type="checkbox"/>	Appeal _____ hours	\$90 per hour (detail attached)	
<b>In Court Services</b> (attach detailed billing) _____ hours \$ _____ per hour			Total In Court Services \$
<b>Out of Court Services</b> (attach detailed billing) _____ hours \$ _____ per hour			Total Out of Court Services \$
<b>Investigator/Expert/Other Expenses</b>		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			
<b>Time Period of service Rendered:</b> From _____ Date to _____ Date			
<b>Additional Comments</b>			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			
Signature		Date	
SIGNATURE OF PRESIDING JUDGE:		Date:	Amount Approved:
Reason(s) for Denial or Variation			