

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 <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
	Rate per Hour =	Total hours		
				13a. Total In Court Compensation. \$
14.	Out of Court Services		Hours	Dates
	See Exhibit			
	Rate per Hour =	Total hours		
				14a. Total Out of Court Compensation. \$
15.	Investigator		Amount	
	Not Applicable			
				15a. Total Investigator Expenses \$
16.	Expert Witness		Amount	
	Not Applicable			
				16a. Total Expert Witness Expenses \$
17.	Other Litigation Expenses		Amount	
	Payment of Offense Report Copies pages @ \$0.10 per page		\$	
	DVD copy- DVD @ \$3.00 per DVD		\$	
				17a. Total Other Litigation Expenses \$
18. Time Period of service Rendered: From _____ to _____ Date 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				