

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	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 _____ 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					