

## Attorney Fee Voucher

<b>1. Jurisdiction</b> <input type="checkbox"/> District <input type="checkbox"/> County  <input type="checkbox"/> County Court at Law  Court # _____	<b>2. County</b>  _____	<b>3. Cause Number</b> <b>Offense</b> _____ _____	<b>4. Proceedings</b> <input type="checkbox"/> Trial-Jury <input type="checkbox"/> Trial-Court  <input type="checkbox"/> Plea-Open <input type="checkbox"/> Plea- Bargain  <input type="checkbox"/> Other _____
<b>5. In the case of:</b> <p style="text-align: center;">State of Texas v _____</p>			
<b>6. Case Level</b> <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 _____			
<b>7. Attorney (Full Name)</b>		<b>9. Attorney Address (Include Law Firm Name if Applicable)</b>	
<b>8. State Bar Number</b>	<b>8a. Tax ID Number</b>	<b>10. Telephone</b>	
		<b>11. Fax</b>	
<b>12. Flat Fee – Court Appointed Services</b>			<b>12a. Total Flat Fee</b> \$ _____
<b>13.</b>	<b>In Court Services</b>	<b>Hours</b>	<b>Dates</b>
	_____	_____	_____
	_____	_____	_____
Rate per Hour = _____	Total hours _____		<b>13a. Total In Court Compensation.</b> \$ _____
<b>14.</b>	<b>Out of Court Services</b>	<b>Hours</b>	<b>Dates</b>
	_____	_____	_____
	_____	_____	_____
Rate per Hour = _____	Total hours _____		<b>14a. Total Out of Court Compensation.</b> \$ _____
<b>15.</b>	<b>Investigator</b>	<b>Amount</b>	<b>15a. Total Investigator Expenses</b> \$ _____
	_____	_____	
<b>16.</b>	<b>Expert Witness</b>	<b>Amount</b>	<b>16a. Total Expert Witness Expenses</b> \$ _____
	_____	_____	
<b>17.</b>	<b>Other Litigation Expenses</b>	<b>Amount</b>	<b>17a. Total Other Litigation Expenses</b> \$ _____
	_____	_____	
<b>18. Time Period of service Rendered:</b> From _____ Date to _____ Date			
<b>19. Additional Comments</b>			<b>20. Total Compensation and Expenses Claimed</b>
<b>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.</b>  <input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment			
_____ Signature			_____ Date
<b>22. SIGNATURE OF PRESIDING JUDGE:</b>			<b>Amount Approved:</b>
Reason(s) for Denial or Variation			