

## 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<br><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  |  | Telephone  |   |
| Tax ID Number   |  | Fax  |   |
| <b>Flat Fee – Court Appointed Services</b>  |  |  | Total Flat Fee                          |
| <input type="checkbox"/>  | Misdemeanor Plea/Dismissal                         | \$300  |   |
| <input type="checkbox"/>  | Juvenile   | \$300  |   |
| <input type="checkbox"/>  | Additional Cases _____ quantity                    | \$150 per case   |   |
| <input type="checkbox"/>  | MTA/MTR/Suppression/Sentencing Hearing Preparation | \$150  |   |
| <input type="checkbox"/>  | MTA/MTR/Suppression/Sentencing Hearing _____ hours | \$90 per hour (\$300 maximum)                          |   |
| <input type="checkbox"/>  | Trial Preparation                                  | \$500  |   |
| <input type="checkbox"/>  | Jury or Bench Trial _____ days                     | \$300 per 1/2 day                                      |   |
|   |  |  | \$ _____                                |
| <b>In Court Services</b> (attach detailed billing) _____ hours  |  |  | Total In Court Services                 |
|   |  |  | \$ _____                                |
| <b>Out of Court Services</b> (attach detailed billing) _____ hours  |  |  | 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   |  |  |   |
| Prior approval by Court: <input type="checkbox"/> yes <input type="checkbox"/> no   |  |  |   |
|   |  |  | \$ _____                                |
| <b>Time Period of service Rendered:</b> From _____ to _____   |  |  |   |
|   |  |  | Date                                    |
|   |  |  | 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            _____<br><div style="display: flex; justify-content: space-between; width: 100%;"> <span>Signature</span> <span>Date</span> </div>   |  |  |   |
| SIGNATURE OF PRESIDING JUDGE:   |  | Date:  | Amount Approved:                        |
| Reason(s) for Denial or Variation   |  |  |   |