

Attorney Fee Voucher

1. Jurisdiction District County County Court at Law Court # _____	2. County: _____	3. Cause Number(s): _____ _____ _____	4. Proceedings: Trial-Jury Trial-Court Plea-Open Plea-Bargain 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) _____ _____	
8. State Bar Number	8a. Tax ID Number	10. Telephone: _____	
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
Rate Per Hour: _____		Total Hours: _____	
14a. Total Out-of-Court Compensation: \$ _____		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 _____ Date to _____ 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 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: _____			