

Attorney Fee Voucher

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> County Court at Law Court # <u> </u> Court <u> </u>	2. County: _____	3. Cause Number(s): _____ _____ _____	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) _____	
8. State Bar Number _____	8a. Tax ID Number _____	10. Telephone: _____	
12. Flat Fee – Court Appointed Services		11. Fax: _____	
_____		12a. Total Flat Fee \$ _____	
13. In Court Services		Hours	Dates
_____		_____	_____
Rate Per Hour: _____		Total Hours: _____	
14. Out of Court Services		Hours	Dates
_____		_____	_____
Rate Per Hour: _____		Total Hours: _____	
15. Investigator		Amount	13a. Total In-Court Compensation: \$ _____
_____		_____	_____
16. Expert Witness		Amount	14a. Total Out-of-Court Compensation: \$ _____
_____		_____	_____
17 Other Litigation Expenses		Amount	15a. Total Investigator 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: _____			