

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 _____
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5. In the case of: State of Texas v _____

6. Case Level
 Felony Misdemeanor Juvenile Appeal Capital Case
 Revocation – Felony Revocation – Misdemeanor No Charges Filed 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 _____
DateDate

19. Additional Comments	20. Total Compensation and Expenses Claimed
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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.

Final Payment Partial Payment _____
SignatureDate

22. SIGNATURE OF PRESIDING JUDGE:	Amount Approved:
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Reason(s) for Denial or Variation