

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
--	----------------------------	--	---

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
8a. State Bar Number	8b. 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 _____ 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 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

Signature

Date

22. SIGNATURE OF PRESIDING JUDGE:	Amount Approved:
Reason(s) for denial or variation.	