

# 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 and Fee election: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <input type="checkbox"/> Appeal <input type="checkbox"/> Capital Case <input type="checkbox"/> Flat Fee <input type="checkbox"/> Hourly Fee  <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)			10. Telephone	
8. State Bar Number		8a. Tax ID Number					11. Fax
<b>12. Flat Fee – Court Appointed Services</b>							12a. Total Flat Fee
State Jail Felony <input type="checkbox"/> \$425 <input type="checkbox"/> Jail Visit <input type="checkbox"/> Video Conf.		Third Degree Felony <input type="checkbox"/> \$475 <input type="checkbox"/> Jail Visit <input type="checkbox"/> Video Conf.		Second Degree Felony <input type="checkbox"/> \$625 <input type="checkbox"/> Jail Visit <input type="checkbox"/> Video Conf.		First Degree Felony <input type="checkbox"/> \$750 <input type="checkbox"/> Jail Visit <input type="checkbox"/> Video Conf.	\$
Revocation: <input type="checkbox"/> \$350 <input type="checkbox"/> Jail Visit <input type="checkbox"/> Video Conf		Extradition: <input type="checkbox"/> \$250		Additional Plea: (Defendant pleading in more than one case. \$200 for additional plea) <input type="checkbox"/> \$200		Fee add-in from TIC cases: Cause #s _____ _____	Total TIC add-in \$
13.	<b>In Court Services</b>		Hours	Dates	13a. Total In Court Compensation.		
	Rate per Hour =	Total hours			\$		
14.	<b>Out of Court Services</b>		Hours	Dates	14a. Total Out of Court Compensation.		
	Rate per Hour =	Total hours			\$		
15.	<b>Investigator</b>			Amount		15a. Total Investigator Expenses	
						\$	
16.	<b>Expert Witness</b>			Amount		16a. Total Expert Witness Expenses	
						\$	
17.	<b>Other Litigation Expenses</b>			Amount		17a. Total Other Litigation Expenses	
	Attorney Comments:					\$	
18. Time Period of service Rendered: From _____ to _____ Date Date							
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.  <input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment _____ Signature Date							
22. SIGNATURE OF PRESIDING JUDGE:						Amount Approved:	