Attorney Fee Voucher

1. Jurisdiction District County		2. County	3	. Cause Number	Offense	4. Proceedings ☐Trial-Jury ☐Trial-Court	
County Court at Law					_		
Court #					_	Other	
5. In the case of: State of Texas v							
6. Case							
☐ Revocation – Felony ☐ Revocation – Misdemeanor ☐ No Charges Filed ☐ Other							
7. Attorney (Full Name)				9. Attorney Address (I Applicable)	nclude Law Firm Name if	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 Serv	ices		Hours	Dates	14a. Total Out of Court Compensation.	
						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 E	xpenses			Amount	17a. Total Other Litigation Expenses \$	
18. Time Period of service Rendered: From							
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: 23. DATE						Amount Approved:	
Reason(s) for Denial or Variation							