

Attorney Fee Voucher

1. Jurisdiction __ District __ County	2. County	3. Cause Number	Offense	4. Proceedings __ Trial __ Plea __ Dismissa __ No Bill
5. In the Case of: State of Texas v. _____				
6. Case Level __ Felony __ Misdemeanor __ Juvenile __ Appeal __ Capital Case __ MTR-Felony __ MTR-Misdemeanor __ No Charges Filed __ Other _____				
7. Attorney (Full Name)		9. Attorney Address		10. Telephone
8. Bar Number	Tax ID Number			11. Fax Number
12. Flat Fee- Court Appointed Services				12a. Total Flat Fee \$ _____
13. In Court Services	Hours	Dates		Total In Court Compensation \$ _____
14. Out of Court Services	Hours	Dates		Total Out of Court Compensation \$ _____
15. Investigator			Amount	Total Invstigator Expenses \$ _____
16. Expert Witness			Amount	Total Expert Witness Expenses \$ _____
17. Other Litigation Expenses			Amount	Total Litigation Expenses \$ _____
18. Total Compensation and Expenses Claimed				\$ _____
<p>19. 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. *Note Attachments may be included for additional detail, but use this page for totals in each category.</p> <p style="text-align: center;"> <input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment _____ </p> <div style="display: flex; justify-content: space-between;"> Signature of Attorney _____ Date _____ </div>				
Signature of Presiding Judge				Amount Approved \$ _____
Reason for Denial Or Variation				