

Attorney Fee Voucher

Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> County Court at Law Court # _____	2. County <input type="checkbox"/> Potter <input type="checkbox"/> Randall <input type="checkbox"/> Armstrong	3. Cause Number (s) _____ _____ _____	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. Style: _____				
6. Case Type <input type="checkbox"/> Felony - SJ <input type="checkbox"/> Felony - 3 rd <input type="checkbox"/> Felony - 2 nd <input type="checkbox"/> Felony - 1 st <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <input type="checkbox"/> Appeal <input type="checkbox"/> Capital Case <input type="checkbox"/> Family/CPS <input type="checkbox"/> Revocation - Felony <input type="checkbox"/> Revocation - Misdemeanor <input type="checkbox"/> No Charge Accepted <input type="checkbox"/> <i>Nolle Prosequi</i> (after trial prep) <input type="checkbox"/> Other _____				
7. Attorney (Full Name)		9. Attorney Address (Include Law Firm Name if Applicable)		
8. State Bar Number	8a. Tax ID Number	10. Telephone		
11. Fax			12. Pleas - Flat Fee - Court Dates (See attached schedule)	
12a. Total Flat Fee			\$ _____	
13.	Trial Services - Jury/Non-Jury	Hours	Dates	13a. Total In Court Compensation.
	\$ Total hours			
14.	Out of Court Services	Hours	Dates	14a. Total Out of Court Compensation.
	and client's family numerous times; prep for contested revocation hearing; (see attached statement)			
	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 _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Date Date </div>				
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.				
<input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment				
_____ Signature			_____ Date	
22. SIGNATURE OF PRESIDING JUDGE:				Amount Approved:
				\$
Reason(s) for Denial or Variation				