

## Attorney Fee Voucher

1. Jurisdiction <input checked="" type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> County Court at Law		2. County of Ector		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	
Court # <b>70<sup>th</sup> District Court</b>							
5. In the case of: <b>STATE OF TEXAS V.</b> _____							
6. Case Level: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <input type="checkbox"/> Appeal <input type="checkbox"/> Capital Case <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:	
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 _____ to _____ Date 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 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:							