

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 # 70th District Court			
5. In the case of: STATE OF TEXAS V. _____			
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)	
8. State Bar Number		8a. Tax ID Number	
12. Flat Fee – Court Appointed Services			
13. In Court Services			
Rate Per Hour:		Hours	Dates
Total Hours:			
14. Out of Court Services			
Rate Per Hour:		Hours	Dates
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:			