

Attorney Fee Voucher

1. Jurisdiction <input type="checkbox"/> District 27 th <input type="checkbox"/> District 146 th <input type="checkbox"/> District 169 th <input type="checkbox"/> District 264 th <input type="checkbox"/> District 426 th	<u>COUNTY COURTS</u> <input type="checkbox"/> CCL #1 <input type="checkbox"/> CCL #2 <input type="checkbox"/> CCL #3	2. County <p style="text-align: center;">BELL</p>	3. Cause Number _____ _____ _____	Offense _____ _____ _____	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. 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)		10. Telephone
8. State Bar Number	8a. Tax ID Number			11. Fax	
					12. 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 _____ <div style="text-align: center; margin-left: 100px;">Date</div> <div style="text-align: center; margin-right: 100px;">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					