Attorney Fee Voucher Offense/Civil Matter 1. Jurisdiction 2. County 3. Cause Number 4. Proceedings ☐ District County ☐Trial-Jury ☐Trial-Court County Court at Law ☐Plea-Open ☐Plea- Bargain Court #__ Other ____ (Civil Style) or 5. In the case of: State of Texas v 6. Case Level or Type (Check all that apply) ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐ Appeal ☐ Capital Case ☐ Special Prosecutor ☐ Attorney Ad Litem ☐ Contempt Revocation – Felony Revocation – Misdemeanor No Charges Filed Other 7. Attorney (Full Name) 9. Attorney Address (Include Law Firm Name if 10. Telephone Applicable) 8a. Tax ID Number 11. Fax 8. State Bar Number 12. Flat Fee in plea bargained cases – Court Appointed Services (1st & 2nd-\$500; 3rd & SJF-\$400; Felony 12a. Total Flat Fee MTR/MTA-\$400; Payment on Felony Refusals to Prosecute -\$200; Multiple Felonies with same def disposed of as a result of plea in another case-\$100 per case; Felony charge reduced to Misdemeanor-\$300; Class A or B \$ Misdemeanors-\$300; Misdemeanor MTR/MTA-\$250; Payment on Misdemeanor Refusals to Prosecute-\$100; Multiple Misdemeanors with same def disposed of as a result of plea in another case-\$50.) For Flat Fee in contested cases or appeals see current fee schedule. In Court Services 13a. Total In Court Compensation. Rate per Hour = Total hours Out of Court Services 14a. Total Out of Court Hours Dates Compensation. Rate per Hour = Total hours 15. 15a. Total Investigator Investigator Amount Expenses 16a. Total Expert Witness 16. **Expert Witness** Amount Expenses \$ 17a. Total Other Litigation 17. Other Litigation Expenses Amount Expenses 18. **Time Period of service Rendered:** From Date 19. If an attachment to detail services is used, please indicate here and still show totals on this page, or if you 20. Total Compensation and Expenses Claimed have additional comments: 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. Final Payment Partial Payment Signature Date 22. SIGNATURE OF PRESIDING JUDGE: Amount Approved: Reason(s) for Denial or Variation