

ATTORNEY FEE VOUCHER

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|--|-------------------------------|-----------------|---|
| 1. Jurisdiction District County County Court at Law Court # _____ | 2. County Guadalupe | 3. Cause Number | 4. Proceedings Trial-Jury 9 Trial-Court Plea-Open 9 Plea-Bargain Other _____ |
|--|-------------------------------|-----------------|---|

5. In the Case of:
In the Matter of: _____

6. Case Level
 Felony Misdemeanor Juvenile Appeal Capital Case
 Revocation-Felony Revocation Misdemeanor No Charge Filed Other _____

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|---|-----------------------------------|---|--|
| 7. Attorney (Full Name) | | 9. Attorney Address (include Firm name if Applicable) | 10. Phone # |
| 8. State Bar Number | 8a. Tax ID Number XXXXXXXXXXXX | | 11. Fax # |
| 12. Flat Fee-Court Appointed Services | | | 12a. Flat Fee Total \$ _____ |
| 13. In Court Services | Hours | Dates | 13a. Total in Court Compensation \$ _____ |
| 14. Out of Court Services | Hours | Dates | 14a. Total Out of Court Compensation \$ _____ |
| 15. Investigator | Amount | | 15a. Total Investigator Expenses \$ _____ |
| 16. Expert Witness | Amount | | 16a. Total Expert Witness Expenses \$ _____ |
| 17. Other Litigation Expenses | Amount | | 17a. Total Other \$ _____ |
| 18. Time period of service Rendered: From _____ to _____ (Date) (Date) | | | |

19. Additional Comment _____ 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.

Final Payment Partial Payment _____
Signature Date

22. Signature of Presiding Judge _____ Amount Approved: _____

Reason(s) for Denial or Variations _____