

# Attorney Fee Voucher

<b>1. Jurisdiction</b> <input type="checkbox"/> District 27 <sup>th</sup> <input type="checkbox"/> District 146 <sup>th</sup> <input type="checkbox"/> District 169 <sup>th</sup> <input type="checkbox"/> District 264 <sup>th</sup> <input type="checkbox"/> District 426 <sup>th</sup>	<u>COUNTY COURTS</u> <input type="checkbox"/> CCL #1 <input type="checkbox"/> CCL #2 <input type="checkbox"/> CCL #3	<b>2. County</b>  <p style="text-align: center;"><b>BELL</b></p>	<b>3. Cause Number</b> _____ _____ _____	<b>Offense</b> _____ _____ _____	<b>4. Proceedings</b> <input type="checkbox"/> Trial – Jury <input type="checkbox"/> Trial – Court <input type="checkbox"/> Plea – Open <input type="checkbox"/> Plea – Bargain <input type="checkbox"/> Other _____
<b>5. In the Case of:</b> State of Texas v _____					
<b>6. Case Level</b> <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 _____					
<b>7. Attorney Full Name</b>			<b>9. Attorney Address (Include Law Firm Name if Applicable)</b>		<b>10. Telephone</b>
<b>8. State Bar Number</b>	<b>8a. Tax ID Number</b>				<b>11. Fax</b>
					<b>12. Total Flat Fee:</b> \$
<b>13.</b>	<b>In Court Services:</b>		Hours	Dates	<b>13a. Total In Court Compensation:</b>  \$
	Rate per hour	Total hours			
<b>14.</b>	<b>Out of Court Services:</b>		Hours	Dates	<b>14a. Total Out of Court Compensation:</b>  \$
	Rate per hour	Total hours			
<b>15.</b>	<b>Investigator:</b>			Amount	<b>15a. Total Investigator Expenses:</b> \$
<b>16.</b>	<b>Expert Witness:</b>			Amount	<b>16a. Total Expert Witness Expenses:</b> \$
<b>17.</b>	<b>Other Litigation Expenses:</b>			Amount	<b>17a. Total Other Litigation Expenses:</b> \$
<b>18. Time Period of Service Rendered:</b> From: _____ to _____ <div style="text-align: center; margin-left: 100px;">Date</div> <div style="text-align: center; margin-right: 100px;">Date</div>					
<b>19. Additional Comments:</b>					<b>20. Total Compensation and Expenses Claimed</b> \$
<b>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.</b> <input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment					
				_____ Signature	_____ Date
<b>22. SIGNATURE OF PRESIDING JUDGE:</b>					Amount Approved:
Reason(s) for Denial or Variation					