Attorney Fee Voucher

1. **Jurisdiction:**	2. **County:**	3. **Style:**

1. Jurisdiction:

☐ District   ☑ County

  ☐ 24th   ☑ County Court at Law

  ☐ 135th   ☑ # 1

  ☐ 267th   ☐ # 2

  ☐ 377th

☐ No Charges filed

2. County:

☑ Calhoun

☐ DeWitt

☐ Goliad

☐ Jackson

☐ Refugio

☐ Victoria

3. Style:

Cause No. _____

☐ Criminal: The State of Texas vs.

_____

☐ Juvenile: In the matter of

_____

☐ Civil:

vs.

Calhoun County Vendor No.

_____

Calhoun County Account #

☐ CPS-410-63380-999

☐ JUV-500-63070-001

☐ JUV-INV-500-63071-001

☐ JUV-OTHER-500-63073-001

☐ CRIM-410-60050-001

☐ CRIM-INV-410-60051-001

☐ CRIM-OTHER-410-60053-001

_____

9. COURT-APPROVED FEES & EXPENSES (*Court computes*):

Court-Approved Fee: $

4a. Flat Fee - Court Appointed Services:

☐ No Charges filed---------- $ 65.00

☐ Misdemeanor/Adj./Rev.- $ 225.00

☐ Juvenile -------------------$ 210.00

☐ Multiple case ------------- $ 65.00

☐ Misdemeanor Appeal------$750.00

☐ Juvenile Appeal----------$750.00

☐ Other-----------------------$210.00

4b. Hourly fee (*complete if not claiming flat fee – Detail service, time spent & dates on separate paper*)

Total Hours In Court: _____

Total Hours Out of Court: _____

TOTAL HOURS:

Court-Approved Investigation Expenses: $

5.	**Investigation Expenses** (*attach supporting documentation*)	Amount Claimed
		$

Court-Approved Investigation Expenses: $

6.	**Expert Witness Expenses** (*attach supporting documentation*)	Amount Claimed
		$

Court-Approved Expert Witness Expenses: $

7.	**Other Litigation Expenses (detail)**	Amount Claimed
		$

Court-Approved Other Litigation Expenses: $

☐ Final Payment ☐ Partial Payment

8. 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. The county auditor has been provided my current address & TIN on IRS form W-9.

_____

Signature   Date

Print Name: _____   State Bar # _____

Total Amount Approved By Court: $

IT IS ORDERED that the above-approved amount be paid.

Signed the _____ **day of**

_____, _____.

Reason(s) for denial or variation, if any:

_____

JUDGE PRESIDING