Attorney Fee Voucher

1. Jurisdiction	2. County	3. Cause Number	Offense	4. Proceedings
☐ District ☐ County Court at Law	CORYELL	_____ _____ _____	_____ _____ _____	☐ Trial-Jury ☐ Trial-Court ☐ Plea-Open ☐ Plea- Bargain ☐ Other _____

5. In the case of:
State of Texas v _____

6. Case Level
☐ Felony ☐ Misdemeanor ☐ Juvenile ☐ Appeal ☐ Capital Case
☐ Revocation – Felony ☐ Revocation – Misdemeanor ☐ No Charges Filed ☐ 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. Flat Fee – Court Appointed Services				12a. 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 _____ (Date) to _____ (Date)

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.

☐ Final Payment ☐ Partial Payment _____
Signature Date

22. SIGNATURE OF PRESIDING JUDGE:	Amount Approved:

Reason(s) for Denial or Variation

Adopted 10/23/02 – Task Force on Indigent Defense

AFFIDAVIT OF THE ITEMIZED TIME AND SERVICES
FOR COURT APPOINTED COUNSEL

ADDITIONAL ATTACHED PAGE _____

DATE OF SERVICE	DESCRIPTION OF SERVICES	Time in Court	Time Out of Court