Attorney Fee Voucher FORM 6

1. Jurisdiction	2. County	3. Cause Number	Offense	4. Proceedings
☐ District ☐ County ☐ County Court at Law Court #_____		_____ _____ _____	_____ _____ _____	☐ 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 ☐ Competency ☐ Ad Litem

☐ 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 (Plea, Competency, Ad Litem, etc.)				12a. Total Flat Fee
Service Provided				
Number of Other Cases				$
Cause Numbers				

13.	**In Court Services (Not to Exceed 8 Hours)**		Hours	Dates	13a. Total In Court Compensation.
	Rate per Hour =	Total hours			
					$

14.	**Out of Court Services (Felonies - Not to Exceed 25 Hours; Misdemeanors - Not to Exceed 15 Hours)**		Hours	Dates	14a. Total Out of Court Compensation.
	Rate per Hour =	Total hours			$

15.	**Appeals (Not to Exceed $10,000.00)**	Amount	15a. Total Investigator Expenses
	Felony:		$
	Misdemeanor:		

16.	**Extraordinary Circumstances (Not to Exceed $4,000.00 separate detailed billing claim form required to be attached)**	Amount	16a. Total Expert Witness Expenses
			$

17.	**Other Litigation Expenses (Investigations, Expert Witnesses, Etc.)**	Amount	17a. Total Other Litigation Expenses
			$

18. **Time Period of service Rendered:** From _____ to _____
Date 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

Attorney Fee Voucher FORM 7
FLAT FEES

1. Jurisdiction	2. Cause Number	Offense	4. Proceedings
☐ District ☐County Court at Law 1 &2	_____ _____ _____	_____ _____ _____	☐Plea- Bargain ☐Other _____

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

6. Case Level
☐ Felony ☐ Misdemeanor ☐ Juvenile ☐ Competency ☐ Ad Litem ☐ Dismissals ☐ Withdrawals (if Granted) ☐ Post conviction Writ

☐ 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. Email

12. Flat Fee – Court Appointed Services (Plea, Competency, Ad Litem, etc.)				12a. Total Flat Fee
Service Provided				$
Number of Other Cases (not to Exceed 3 Cases)	#			
Cause Numbers				

13. **Time Period of service Rendered:** From _____ to _____
Date Date

14. 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

15. SIGNATURE OF PRESIDING JUDGE:	Amount Approved:
Reason(s) for Denial or Variation	