

Attorney Fee Voucher

FORM 6

1. Jurisdiction ☐ District ☐ County ☐ County Court at Law Court # _____	2. County _____	3. Cause Number Offense _____ _____ _____	4. Proceedings ☐ 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) _____	
8. State Bar Number _____	8a. Tax ID Number _____	10. Telephone _____	
11. Fax _____			
12. Flat Fee – Court Appointed Services (Plea, Competency, Ad Litem, etc.)			
Service Provided			
Number of Other Cases			
Cause Numbers			
13.	In Court Services (Not to Exceed 8 Hours)		13a. Total In Court Compensation.
	Hours	Dates	
	Rate per Hour =	Total hours	
			\$
14.	Out of Court Services (Felonies - Not to Exceed 25 Hours; Misdemeanors - Not to Exceed 15 Hours)		14a. Total Out of Court Compensation.
	Hours	Dates	
	Rate per Hour =	Total hours	
			\$
15.	Appeals (Not to Exceed \$10,000.00)		15a. Total Investigator Expenses
	Felony:		
	Misdemeanor:		\$
16.	Extraordinary Circumstances (Not to Exceed \$4,000.00 separate detailed billing claim form required to be attached)		16a. Total Expert Witness Expenses
	Amount		
			\$
17.	Other Litigation Expenses (Investigations, Expert Witnesses, Etc.)		17a. Total Other Litigation Expenses
	Amount		
			\$
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			