

**Attorney Fee Voucher**  
**Nueces County District Courts**  
**Court #**

**PO#**  
  
 (One PO# per case.)

INSTRUCTIONS Page 1 of 2

Show only one cause number per defendant.  
 Each claim must be printed or typed. Please do not use black ink.  
 Itemized statement on services rendered is required. See page 2.  
 Submit separate claims for investigations, expert witness costs and other expenses.  
 Forward completed claim to the court for approval.

Cause No.: \_\_\_\_\_ Offense: \_\_\_\_\_ Degree: \_\_\_\_\_

In the case of : **State of Texas vs** **AG#**

Case Level:

Felony (CR)	Misdemeanor (CR)	Revocation-Felony (CR)	Revocation-Misdemeanor(CR)	Dismissal (CR)	Habeas Corpus
Appeal (APA)	Juvenile (JUV)	Capital Case (CM)	No Charges Filed (AR)	Divert/Other:	

		Total Number of Hours/Days	Authorized Rates	Not to Exceed	
<b>Guilty Plea or Plea of True</b>	In court		\$250 to \$450		Sub-total
	Out of court		Flat fee		
<b>Dismissal on State's Motion</b>	In court		\$100 to \$400		Sub-total
	Out of court		Flat fee		
<b>Nonjury Trial and Contested Hearings</b>	In court		\$60 to \$80/hr		Sub-total
	Out of court		\$30 to \$60/hr		
<b>Jury Trial</b>	In court		\$500 to \$750/day \$250 to \$375/half		Sub-total
	Out of court		\$30 to \$50/hr		
<b>Direct Appeal or Discretionary Review</b>	Death sentence case		\$50 to \$75/hr	\$10,000	Sub-total
	Non-death capital, first or second degree case		\$50 to \$75/hr	\$3,000	
	Third degree or state jail case		\$50 to \$75/hr	\$2,500	
	Misdemeanor case		\$50 to \$75/hr	\$1,500	

**Reimbursable costs** (Please itemize on Page 2)

**Total**

**ATTORNEY IDENTIFICATION INFORMATION**

Attorney Name:		Vendor No.: <b>V -</b>
E-Mail Address:		<i>For County Auditor Use</i>
Mailing Address (Number, Street, Suite, City, State, Zip Code):		Dept - Key Code: _____ Secondary Reference: _____
State Bar Number:	Telephone Number	Fax Number:

**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. I further swear or affirm that I have not received nor will receive any money or anything else of value for representing the accused, except as otherwise disclosed to the Court in writing.

Time Period of Services Rendered: From \_\_\_\_\_ to \_\_\_\_\_ (Complete Page 2)

(Check one)

Have previous vouchers been submitted for this case? **YES** or **NO** Signature and Date \_\_\_\_\_

If yes, PO# required above. Is this voucher for: **Final payment** or **Partial payment?**

**ORDER**

SIGNATURE OF TRIAL JUDGE:		Recorded by: Patsy Perez, District Clerk by Deputy District Clerk (Signature)
Reason(s) for Denial or Variation:	\$ _____	
Date	Amount	

**DETAILS OF SERVICES PERFORMED**

Date of Service	Description of Service	Time
In Court Services:		
		Total
Out of Court Services: Conference with defendant:		
Conference with District Attorney:		
Conference with others:		
Other Services and Reimbursable Expenses: (Reimbursable expenses must be itemized below and total amount carried over to Page 1)		
		Total
Appeal to Court of Appeals:		
		Total
Petition for Discretionary Review: PDR Appointment Date:		
		Total
Comments		