

Attorney Fee Voucher
Nueces County District Courts
Court #

PO#

 (One PO# per case.)

INSTRUCTIONS Page 1 of 2
 Show only one defendant per case.
 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 : _____ **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	Rates Charged	
Guilty Plea or Plea of True		\$250 to \$450 Flat fee			Sub-total flat fee
Dismissal on State's Motion		\$100 to \$400 Flat fee			Sub-total flat fee
Nonjury Trial and Contested Hearings	In court	\$60 to \$80/hr			Sub-total
	Out of court	\$30 to \$60/hr			
Jury Trial	In court	\$500 to \$750/day \$250 to \$375/half			Sub-total
	Out of court	\$30 to \$50/hr			
Direct Appeal or Discretionary Review	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.:
E-Mail Address:	<i>For County Auditor Use</i>
Mailing Address (Number, Street, Suite, City, State, Zip Code):	
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