

# Attorney Fee Voucher

## Nueces County District Courts

**Instructions:**  
Please complete one fee voucher form for each case. If the defendant has multiple cases, staple all fee voucher forms together and submit to the state district judge.

Court # \_\_\_\_\_

Case No: \_\_\_\_\_

Offense: \_\_\_\_\_

PLEA

TRIAL

In the case of : **State of Texas vs** \_\_\_\_\_

Case Level:

CR

AR

CM

DIVERT/OTHER

**Part I**

<b>Withdrew/Substitution</b>	<b>\$100</b>	<b>3RD</b>	<b>\$450</b>
<b>Dismissal</b>	<b>\$200</b>	<b>2ND</b>	<b>\$550</b>
<b>AR</b>	<b>\$200</b>	<b>1ST</b>	<b>\$750</b>
<b>MTR</b>	<b>\$350</b>	<b>APPEAL</b>	<b>Itemize</b>
<b>SJF</b>	<b>\$400</b>		

**Part II**

I am requesting additional attorneys fees beyond flat fee for exceptional circumstances: **YES NO**

*Attached is supporting documentation for such request.*

<b>In Court</b>	Hours	_____	X	<b>\$100</b>	=	_____
<b>Out of Court</b>	Hours	_____	X	<b>\$60</b>	=	_____
<b>Jury Trial</b>	Days	_____	X	<b>\$800-\$1500</b>	=	_____
<b>Reimbursable expense (from page 2)</b>					=	_____
					<b>Total</b>	<b>\$</b> _____

**ATTORNEY IDENTIFICATION INFORMATION**

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

**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 \_\_\_\_\_

Have previous vouchers been submitted for this case? YES NO

Signature and Date \_\_\_\_\_

Is this voucher for: Final payment or Partial payment?

**ORDER**

SIGNATURE OF TRIAL JUDGE:

\$

Total amount for all cases listed.

Date: Approved by Council of Judges: 2/16/11

Recorded by: Patsy Perez, District Clerk by Deputy District Clerk (Signature)

**DETAILS OF SERVICES PERFORMED**

**Date of Service**

**Description of Service**

**Time**

In Court Services:

Total

Out of Court Services:

Total

Other Services and Reimbursable Expenses:  
(Please attach proof and itemization.)

Total