Attorney Fee Voucher

1. Jurisdiction	2. County	3. Cause Number / Offense	4. Proceedings
☐ District 27th ☐ CCL # 1 ☐ District 264th ☐ CCL # 2 ☐ District 426th ☐ CCL # 3	**BELL**	_____ _____ _____ _____ _____ _____	☐ 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

☐ 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.				12a.
				$

13.	In Court Services		Hours	Dates	13a. Total In Court Compensation.
	Rate per Hour =	Total hours			
					$

14.	Out of Court Services		Hours	Dates	14a. Total Out of Court Compensation.
	Rate per Hour =	Total hours			
					$

15.	Investigator	Amount	15a. Total Investigator Expenses
			$

16.	Expert Witness	Amount	16a. Total Expert Witness Expenses
			$

17.	Other Litigation Expenses	Amount	17a. Total Other Litigation Expenses
			$

18. **Time Period of Service Rendered:** From _____ (Date) to _____ (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

*** PLEASE COMPLETE VOUCHER IN FULL ***

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