

Attorney Fee Voucher
Nueces County District Courts
Court #:

Instruction:
 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.

Offense:

Case No.: _____
 PLEA MTR TRIAL

In the case of: State of Texas vs.

Case Level:
 CR AR CM DIVERT/OTHER

Part I

Withdrew/Substitution	\$100	<input type="checkbox"/>	3RD	\$450	<input type="checkbox"/>
Dismissal	\$200	<input type="checkbox"/>	2ND	\$550	<input type="checkbox"/>
AR	\$200	<input type="checkbox"/>	1ST	\$750	<input type="checkbox"/>
MTR	\$350	<input type="checkbox"/>	Capital/Death	Itemize	<input type="checkbox"/>
SJF	\$400	<input type="checkbox"/>	Capital/Non-Death	Itemize	<input type="checkbox"/>
			Appeal	Itemize	<input type="checkbox"/>

Part II

I am requesting additional attorney's fees IN LIEU OF FLAT FEE FOR EXCEPTIONAL CIRCUMSTANCES & described in attached documentation to support such request. YES \ NO

In Court _____ Hours X \$100 = _____
 Out of Court _____ Hours X \$60 = _____

Jury Trial:

Out of Court Hours _____ Hours X \$60 = _____
 In Court Hours _____ Half Days X \$400 - \$750 (per half day) = _____
 In Court Hours _____ Days X \$800 - \$1500 (per day) = _____

Reimbursable expense (attach receipts)

(select one) -> Appeal Capital Death Capital non-Death Itemized = _____
 Total \$ _____

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.: V -	County Auditor Use: Dept - Key Code: Secondary Reference:
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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	Recorded by: Anne Lorentzen, District Clerk by Deputy District Clerk (Signature)
Reason for Denial or Variance Date:	

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