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.

Case No.: _____

Offense:

☐ PLEA ☐ MTR ☐ TRIAL

In the case of: **State of Texas vs.**

Case Level:
☐ AR ☐ CR ☐ CM ☐ DIVERT/OTHER

Part I

Withdrawal/Substitution	$100	☐	SJF	$400	☐
Dismissal	$200	☐	3RD	$450	☐
AR	$200	☐	2ND	$550	☐
MTR	$350	☐	1ST	$750	☐

Part II

I am requesting 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:						
In Court	_____	Hours	X	$100	=	_____
Reimbursable expense (with prior approval—attach receipts)				Itemized	=	_____
Appeal		Hours	X	$75	=	
Capital non-Death						
In Court	_____	Hours	X	$100	=	_____
Out of Court	_____	Hours	X	$60	=	_____
Capital Death-Pursuant to Art. 26.052						
First Chair	_____	Hours	X	$200	=	_____
Second Chair	_____	Hours	X	$150	=	_____
					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:

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

Reason for Denial or Variance

Date:

$

Recorded by: Anne Lorentzen, District Clerk by Deputy District Clerk (Signature)

Approved by Council of Judges 11/18/15

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