

HILL COUNTY, TEXAS ATTORNEY FEE VOUCHER

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> County Court at Law Court # _____		2. County HILL		3. Cause Number Offense _____ _____ _____		4. Proceedings <input type="checkbox"/> Trial-Jury <input type="checkbox"/> Trial-Court <input type="checkbox"/> Plea-Open <input type="checkbox"/> Plea-Bargain <input type="checkbox"/> Other	
5. In the case of: State of Texas v _____							
6. Case Level <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <input type="checkbox"/> Appeal <input type="checkbox"/> Capital Case <input type="checkbox"/> Revocation - Felony <input type="checkbox"/> Revocation - Misdemeanor <input type="checkbox"/> No Charges Filed <input type="checkbox"/> 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. Flat Fee - Court Appointed Services						12a. Total Flat Fee \$ _____	
13.	In Court Services			Hours	Dates	13a. Total In Court Compensation. \$ _____	
	**Rate per Hour = \$70.00 (NON JURY)		Total Days				
14.	Out of Court Services			Hours	Dates	14a. Total Out of Court Compensation. \$ _____	
	**Rate per Hour = \$70.00*		Total hours				
15.	Investigator (Pre-encumbrance procedures followed)				Amount		15a. Total Investigator Expenses \$ _____
16.	Expert Witness (Pre-encumbrance procedures followed)				Amount		16a. Total Expert Witness Expenses \$ _____
17.	Other Litigation Expenses (Pre-encumbrance procedures followed)				Amount		17a. Total Other Litigation Expenses \$ _____
18. Time Period of service Rendered: From _____ to _____ Date Date							
19. Additional Comments * pre-encumbrance procedures followed ** subject to variance per Hill County plan.						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. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature Date </div>							
22. SIGNATURE OF PRESIDING JUDGE:						Amount Approved:	
Reason(s) for Denial or Variation							