

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
	**Rate per Date = \$70.00 (NON JURY)		Total Days	
				13a. Total In Court Compensation. \$
14.	Out of Court Services		Hours	Dates
	**Rate per Hour = \$70.00*		Total hours	
				14a. Total Out of Court Compensation. \$
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 _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Date Date </div>				
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.				
Signature			Date	
22. SIGNATURE OF PRESIDING JUDGE:				Amount Approved:
Reason(s) for Denial or Variation				