

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 _____
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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. Flat Fee – Court Appointed Services	12a. Total Flat Fee
_____	\$

13.	In Court Services	Hours	Dates	13a. Total In Court Compensation.
	**Rate per Date = \$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.

Signature Date

22. SIGNATURE OF PRESIDING JUDGE:	Amount Approved:

Reason(s) for Denial or Variation
