

**BRAZORIA COUNTY ATTORNEY FEE VOUCHER**

**District Court**

Cause # \_\_\_\_\_ Offense \_\_\_\_\_

Trial-Jury       Hired New Counsel

**County Court at Law**

Cause # \_\_\_\_\_ Offense \_\_\_\_\_

Trial-Court       Atty. Withdrawn

# \_\_\_\_\_

Cause # \_\_\_\_\_ Offense \_\_\_\_\_

Plea               Atty. Removed

**Account**

Cause # \_\_\_\_\_ Offense \_\_\_\_\_

Dismissed       No-Billed

# 574100-10000-

**Disposition Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Dism/Red to Misd. # \_\_\_\_\_

**STYLE: State of Texas v.** \_\_\_\_\_

**Offense Level:**  Felony  Misdemeanor  Juvenile  Appeal  Capital - Death Penalty  Capital - Non-Death  MRP - Felony  MRP-Misdemeanor

Attorney (Full Name-PRINT): \_\_\_\_\_

Phone: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Cell: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

Bar# \_\_\_\_\_

Tax ID# \_\_\_\_\_

**Time Period for Services Rendered: Beginning** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **through** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

IN COURT SERVICES	Brief Description	Dates Service Performed	Hours
<i>Attach additional pages if necessary.</i>			

OUT OF COURT SERVICES	Brief Description	Dates Service Performed	Hours
<i>Attach additional pages if necessary.</i>			

**TOTAL HOURS (Including Additional Pages)** \_\_\_\_\_

Other Allowable Expenses	Brief Description	Dates Service Performed	Amounts
			\$ _____
			\$ _____

**Investigator:** SUBMIT BILL FROM INVESTIGATOR      To be paid by:  Attorney  County      \$ \_\_\_\_\_

**Expert Witness:** SUBMIT BILL FROM EXPERT/DOCTOR/OTHER      To be paid by:  Attorney  County      \$ \_\_\_\_\_

**Pysc. Evaluation:** SUBMIT BILL FROM DOCTOR      To be paid by:  Attorney  County      \$ \_\_\_\_\_

**Monies received from Defendant or on behalf of Defendant: (MINUS)** (\$ \_\_\_\_\_)

Final Payment  Partial Payment (allowed in special cases only, with Judge's approval)

**TOTAL COMPENSATION AND EXPENSES CLAIMED (Do not include amounts to investigators, experts, etc. to be paid by County)** \$ \_\_\_\_\_

**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 counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered to practice as an attorney in the State of Texas. No travel time has been included in this voucher. If I appeared in Court on more than one case, the total time spent in Court has been fairly divided among each case. I further certify that I made a reasonable effort to contact my client no later than the 1<sup>st</sup> business day after my appointment and I interviewed my client within 15 days of my appointment.

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\$ \_\_\_\_\_  
**TOTAL ALLOWED**

Signature of Presiding Judge: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**REASON FOR DENIAL OR VARIATION:** \_\_\_\_\_