

97th District Court Attorney Fee Voucher

Instruction: Please complete one fee voucher form for each case

County ___ Archer ___ Clay ___ Montague	Degree of Felony: ___ State Jail ___ 3 rd Degree ___ 1 st /2 nd Degree	Cause No.	Offense:
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State of Texas vs.

Flat Fee – Court Appointed Services

Check	Disposition	Flat Fee	Amount Claimed
	Dismissal of a filed case	\$250.00	
	Plea	\$600.00	
	Revocation/Adjudication	\$500.00	

**Hourly Rate – Court Appointed Services
(Itemized Billing Statement Required)**

Check	Case Level	Hourly Rate	Amount Claimed
	All Felonies	\$200.00	

All Other Defense Expenses: (defense investigator, lab fees, medical exams, defense interpreter services, transcript services, payment to defense witnesses, and travel expenses.)	Amount Claimed
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Total Amount Claimed

\$

Attorney Identification Information

Attorney Name:	State Bar No:
Mailing Address:	Telephone No:
Email Address:	

Attorney Certification

I, the undersigned attorney, certify that the above information is true and correct 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

Is this voucher for Final Payment ___ Yes ___ No

Signature

Date

Order

Amount Approved \$ _____

Presiding Judge

Date

Reason for Denial or Variance: