

**ATTORNEY FEE VOUCHER
BRAZORIA COUNTY**

District Court

Cause # _____ Offense _____

Trial-Jury Hired New Counsel

Trial-Court Atty. Withdrawn

County Court at Law

Cause # _____ Offense _____

Plea Atty. Removed

Dismissed No-Billed

Dism/Red to Misd. # _____

Account

_____ -100-251

Disposition Date: _____ / _____ / _____

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): _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Cell: _____

Fax:: _____

Bar# _____

Tax ID# _____

Time Period for Services Rendered: Beginning _____ / _____ / _____ through _____ / _____ / _____

IN COURT SERVICES

Brief Description

Dates Service Performed

Hours

*Attach additional pages
if necessary.*

OUT OF COURT SERVICES

Brief Description

Dates Service Performed

Hours

*Attach additional pages
if necessary.*

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 1st 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: _____