

**ATTORNEY FEE VOUCHER
BRAZORIA COUNTY**

District Court # _____	Cause # _____ / Offense: _____	Disposition Date: ____/____/____	
	Cause # _____ / Offense: _____	<input type="checkbox"/> Trial-Jury	<input type="checkbox"/> Hired New Counsel
County Court at Law # _____	Cause # _____ / Offense: _____	<input type="checkbox"/> Trial-Court	<input type="checkbox"/> Atty. Withdrawn
	Cause # _____ / Offense: _____	<input type="checkbox"/> Plea	<input type="checkbox"/> Atty. Removed
Account # _____ -100-251	Cause # _____ / Offense: _____	<input type="checkbox"/> Dismissed	<input type="checkbox"/> No-Billed
		<input type="checkbox"/> Dism/Red to Misd. # _____	

State of Texas vs. _____

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

Attorney (Full Name-PRINT): _____	Phone: _____
Street Address: _____	Cell: _____
City/State/Zip: _____	Fax: _____
	Bar# _____
	Tax ID# _____

Time Period for Services Rendered: Beginning ____/____/____ **through** ____/____/____

In Court Services	Brief Description	Hours	Dates Service Performed	Total
<i>Attach additional pages if necessary.</i>				

Out of Court Services	Brief Description	Hours	Dates Service Performed	Total
<i>Attach additional pages if necessary.</i>				
Total from Additional Pages		\$ _____		\$ _____

Other Allowable Expenses	Brief Description	Cost	Dates Service Performed	Total

Investigator:	SUBMIT BILL FROM INVESTIGATOR	To be paid by: <input type="checkbox"/> County <input type="checkbox"/> Attorney	\$ _____
Expert Witness:	SUBMIT BILL FROM EXPERT/DOCTOR/OTHER	To be paid by: <input type="checkbox"/> County <input type="checkbox"/> Attorney	\$ _____
Pysc. Evaluation:	SUBMIT BILL FROM DOCTOR	To be paid by: <input type="checkbox"/> County <input type="checkbox"/> Attorney	\$ _____

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 (1) case, the total time spent in Court has been fairly divided among each case.

Attorney Signature: _____	Date: ____/____/____	
Signature of Presiding Judge: _____	Date: ____/____/____	\$ _____
		TOTAL ALLOWED

REASON FOR DENIAL OR VARIATION: _____