

Attorney JUVENILE Fee Voucher Nueces County Court at Law 5	<p style="text-align: center;">INSTRUCTIONS</p> <p>Use one claim form after each hearing. Each claim must be typed or printed. Submit completed form to the Judge for approval after each hearing for approval.</p>
<p>Cause No.: <u> JUV </u>; <u> JUV </u>; <u> JUV </u>; <u> JUV </u>; <u> JUV </u></p> <p>Juvenile's Name: _____</p> <p>Type of Hearing (<i>check one</i>)</p> <p>() Detention () Bench Trial () Adjudication () Jury Trial () Modification () Restitution () Disposition () Certification () Chapter 55 () Determine Sentencing () Other: _____ (<i>please explain</i>)</p> <p>Attorney Participated by Phone: <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Court Date: _____</p> <p>FLAT FEE RATE ACCEPTED: <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Request for Extraordinary Circumstances: <input type="checkbox"/> yes <input type="checkbox"/> no (<i>itemization must be attached</i>)</p> <p>Hours IN Court on this case: _____</p> <p>Hours OUT of Court on this case: _____ (<i>itemization must be attached</i>)</p> <p>Reasonable Expenses/Reimbursements: _____</p>

NO COMPENSATION FOR WORK ON THIS CASE HAS BEEN, NOR DO I ANTICIPATE WILL BE RECEIVED FROM ANY OTHER SOURCE. I SWEAR UNDER OATH THAT THE CONTENTS OF THIS APPLICATION FOR FEES ARE TRUE AND CORRECT.

ATTORNEY NAME (*please print*)

SIGNATURE

BAR NUMBER

ADDRESS

VENDOR #

CITY, STATE AND ZIP CODE

PHONE NUMBER

ORDER

Extraordinary Circumstances:
 Granted Denied

FEE ORDERED: \$ _____

APPROVED:

DATE: _____

ANNE LORENTZEN, DISTRICT CLERK

Judge, County Court at Law 5

BY: _____
Deputy

Date Audited: _____ PO# _____

by: _____
Assistant County Auditor

Date of Service

Description of Service

Time

In Court Services:

Out of Court Services:

*Other Services and Reimbursable Expenses:
(please attach proof and itemization)*