

Attorney Fee Voucher

Nueces County District Courts

Instruction:
Please complete one fee voucher form for each case. If the defendant has multiple cases, staple all fee voucher forms together and submit to the State District Judge.

Cause No.: _____

PLEA TRIAL

CAPITAL MURDER

In the case of: **State of Texas vs.**

Capital Death—Pursuant to Art. 26.052

First Chair	In Court	_____ hours	X	\$200	=	_____
	Out of Court	_____ hours	X	_____	=	_____
Second Chair	In Court	_____ hours	X	\$150	=	_____
	Out of Court	_____ hours	X	_____	=	_____

Capital Non Death

First Chair	In Court	_____ hours	X	\$100	=	_____
	Out of Court	_____ hours	X	\$60	=	_____
Second Chair	In Court	_____ hours	X	\$150	=	_____
	Out of Court	_____ hours	X	_____	=	_____

Expenses Incurred (receipts attached) _____

Expert Costs: (invoices attached) _____

ATTORNEY IDENTIFICATION INFORMATION

Attorney Name or Firm:		State Bar Number
E-Mail Address:		Telephone Number: ()
Mailing Address (Number, Street, Suite, City, State, Zip Code):		Fax Number: ()
Vendor No.: V -	County Auditor Use: Dept - Key Code: _____ Secondary Reference: _____	

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 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

Signature and Date

Is this voucher for: Final Payment **or** Partial Payment?

ORDER

All itemized statements are subject to review and fees may be adjusted by the Court based on the complexity of the case.

Amount approved: \$ _____

PRESIDING JUDGE DATE

Reason for Denial or Variance: _____

Recorded by: Anne Lorentzen, District Clerk by Deputy District Clerk (Signature)

DETAILS OF SERVICES PERFORMED

Date of Service	Description of Service	Time
In Court Services:		
		Total
Out of Court Services:		
		Total
Other Services and Reimbursable Expenses: <small>(please attach proof and itemization.)</small>		
		Total