

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 MTR TRIAL

State of Texas vs. _____

Offense: _____ Case Level: FC CR DIVERT/OTHER

Part I

Withdrawal/Substitution	\$100	<input type="checkbox"/>	SJF	\$400	<input type="checkbox"/>
Dismissal/Divert	\$200	<input type="checkbox"/>	3RD	\$450	<input type="checkbox"/>
Pre-File	\$200	<input type="checkbox"/>	2ND	\$550	<input type="checkbox"/>
MTR	\$350	<input type="checkbox"/>	1ST	\$750	<input type="checkbox"/>

Part II

I am requesting attorney's fees **IN LIEU OF FLAT FEE FOR EXCEPTIONAL CIRCUMSTANCES** & described in attached documentation to support such request. YES NO

In Court	_____	Hours	X	\$100	=	_____
Out of Court	_____	Hours	X	\$60	=	_____
Jury Trial: In Court	_____	Hours	X	\$100	=	_____
Reimbursable expenses (with prior approval and receipts for expenses incurred)				Itemized	=	_____
Appeal		Hours	X	\$75	=	

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: _____
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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

Is this voucher for Final Payment? YES NO

Signature and Date

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:
(please attach proof and itemization.)

Total