

## ATTORNEY FEE VOUCHER

1. Jurisdiction  
District County  
County Court at Law  
Court # \_\_\_\_\_

2. County  
**Guadalupe**

3. Cause Number \_\_\_\_\_

4. Proceedings  
Trial-Jury 9 Trial-Court  
Plea-Open 9 Plea-Bargain  
Other \_\_\_\_\_

5. In the Case of:  
In the Matter of: \_\_\_\_\_

6. Case Level

Felony Misdemeanor  
Revocation-Felony

Juvenile  
Revocation

Appeal  
Misdemeanor

Capital Case  
No Charge

Filed Other \_\_\_\_\_

7. Attorney (Full Name) \_\_\_\_\_

9. Attorney Address (include Firm name if  
Applicable) \_\_\_\_\_

10. Phone # \_\_\_\_\_

8. State Bar Number \_\_\_\_\_

8a. Tax ID Number

XXXXXXXXXXXX

11. Fax # \_\_\_\_\_

12. Flat Fee-Court Appointed Services \_\_\_\_\_

12a. Flat Fee Total

\$ \_\_\_\_\_

13. In Court Services

Hours

Dates

13a. Total in Court  
Compensation  
\$ \_\_\_\_\_

14. Out of Court Services

Hours

Dates

14a. Total Out of Court  
Compensation  
\$ \_\_\_\_\_

15. Investigator

Amount

15a. Total Investigator  
Expenses  
\$ \_\_\_\_\_

16. Expert Witness

Amount

16a. Total Expert  
Witness Expenses  
\$ \_\_\_\_\_

17. Other Litigation Expenses

Amount

17a. Total Other

\$ \_\_\_\_\_

18. Time period of service Rendered: From \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

19. Additional Comment \_\_\_\_\_

20. Total Compensation  
and Expenses Claimed \$ \_\_\_\_\_

21. 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.

Final Payment Partial Payment \_\_\_\_\_

Signature

Date

22. Signature of Presiding Judge \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Reason(s) for Denial or Variations \_\_\_\_\_