

ATTORNEY FEE VOUCHER

1. Jurisdiction () District Court	2. County Guadalupe	3. Cause Number J- _____	4. Proceedings () Adjudication () Modification () Detention Hearing () Other _____
() County Court at Law			

5. In the Matter of: _____

6. Case Level
Felony Misdemeanor Juvenile Appeal

Other _____

7. Attorney (Full Name)		9. Attorney Address (include Firm name if Applicable)	10. Phone #
8. State Bar Number	8a. Tax ID Number		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