## ATTORNEY FEE VOUCHER

Compensation   S	1. Jurisdiction 2. County ( ) District Court Guadalupe ( ) County County Court at Law			( ) Mo ( ) De		dings dication lification ention Hearing er
Felony Misdemeanor Juvenile Appeal  Other	5. In the Matter of:					
7. Attorney (Full Name)  8. State Bar Number   8a. Tax ID Number   11. Fax #   11. Fax #   12a. Flat Fee-Court Appointed Services   12a. Flat Fee Total   5		nile A	ppeal			_
Applicable)  8. State Bar Number   8a. Tax ID Number   12a. Flat Fee Total	Other					
8. State Bar Number 8a. Tax ID Number 12.Flat Fee-Court Appointed Services 12a. Flat Fee Total \$	7. Attorney (Full Name) 9. Att			orney Address (include Firm name if		10. Phone #
8. State Bar Number   8a. Tax ID Number   12a. Flat Fee Total   \$			Appl	Applicable)		11 Fax #
\$	8. State Bar Number 8a. Tax ID Number					11.1 ux "
13. In Court Services	12.Flat Fee-Court Appointed Services					12a. Flat Fee Total
Compensation   S   14a. Out of Court Services   Hours   Dates   14a. Total Out of Courd Compensation   S   15a. Total Investigate   Expenses   S   16a. Total Expert   Witness Expenses   S   16a. Total Expert   Witness Expenses   S   17a. Other Litigation Expenses   Amount   17a. Total Other   Tan. Total Compensation   Tan. Total Compen						\$
14. Out of Court Services	13. In Court Services	Hours		Dates		Compensation
15. Investigator  Amount  15a. Total Investigator  Expenses  S	14. Out of Court Services	Hours		Dates		14a.Total Out of Court Compensation
16. Expert Witness	15. Investigator			Amount		15a. Total Investigator Expenses
17. Other Litigation Expenses	16. Expert Witness			Amount		16a. Total Expert Witness Expenses
18. Time period of service Rendered: From	17. Other Litigation Expenses			Amount		17a. Total Other
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:						\$
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 ir 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:	18. Time period of service Render	red: From _				
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:	, ,			20. Total Compensation		
Signature Date  22. Signature of Presiding Judge Amount Approved:	accordance with the laws of the Si necessary to provide effective assi	tate of Tex istance of c	as. The	y. Certify that the above inform	nation	is true and correct and in
	1 mai 1 ayinciic 1 artiai 1 ayincii	•	Signat	ure		Date
Reason(s) for Denial or Variations	22. Signature of Presiding Judge			Amount Ap	prove	ed:
Transporter, 101 2 miles of 1 milestons	Reason(s) for Denial or Variations	S				