

## DeWitt County Attorney Fee Voucher

<b>1. DeWitt County</b> <input type="checkbox"/> County Court <input type="checkbox"/> Juvenile Court  <input type="checkbox"/> 24th Judicial District Court <input type="checkbox"/> 135th Judicial District Court <input type="checkbox"/> 267th Judicial District Court  <b>3a. Flat Fee - Appointed Services:</b> <input type="checkbox"/> No Charges filed ----- \$ 60.00 <input type="checkbox"/> FELONY ----- \$ 300.00 <input type="checkbox"/> FELONY Adj/Rev ----- \$ 240.00  <input type="checkbox"/> Misdemeanor/Adj/Rev ----- \$ 200.00 <input type="checkbox"/> JUVENILE ----- \$ 200.00  <input type="checkbox"/> Multiple case ----- \$ 60.00  <input type="checkbox"/> Felony Appeal ----- \$ 1,250.00 <input type="checkbox"/> Misdemeanor Appeal ----- \$ 750.00 <input type="checkbox"/> Juvenile Appeal ----- \$ 750.00  <input type="checkbox"/> Mental / Other ----- \$ 200.00	<b>2. Style:</b> <b>Cause No.</b> _____ <input type="checkbox"/> Criminal: The State of Texas vs.  _____ <input type="checkbox"/> Juvenile: In the matter of  _____ <input type="checkbox"/> CPS: <input type="checkbox"/> AG: <input type="checkbox"/> Other:  <b>3b. Hourly fee</b> (complete if not claiming flat fee – <i>Detail service, time spent &amp; dates on separate paper</i> )  Total Hours In Court: _____  Total Hours Out of Court: _____  <b>TOTAL HOURS:</b> _____	<p style="text-align: center;"><b>DeWitt County Account #</b></p> <input type="checkbox"/> Co.Ct Indigent: 12-112-602 <input type="checkbox"/> Co.Ct Civil: 12-112-603 <input type="checkbox"/> Juvenile: 12-112-604 <input type="checkbox"/> Co.Ct Cost Indigent: 12-112-689 <input type="checkbox"/> Co.Ct Reporting/Misc: 12-112-690 <input type="checkbox"/> District Ct Civil: 12-113-603 <input type="checkbox"/> District Ct Indigent: 12-113-604 <input type="checkbox"/> District Ct Cost Civil: 12-113-606 <input type="checkbox"/> District Ct Cost Indig. 12-113-607  <p style="text-align: center;"><b>COURT-APPROVED FEES &amp; EXPENSES</b> (Court computes):</p> Court-Approved Fee: \$ _____
<b>4. Investigation Expenses</b> (attach supporting documentation)	Amount Claimed	
	\$ _____	Approved Investigation Expenses: \$ _____
<b>5. Expert Witness Expenses</b> (attach supporting documentation)	Amount Claimed	
	\$ _____	Approved Expert Witness: \$ _____
<b>6. Other Litigation Expenses</b> (detail)	Amount Claimed	
	\$ _____	Other Approved Expenses: \$ _____
<input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment  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. The county auditor has been provided my current address & TIN on IRS form W-9.		<p><b>Total Amount Approved By Court: \$ _____</b></p> <p><b>IT IS ORDERED that the above-approved amount be paid.</b></p> <p>Signed the _____ day of _____, 20____.</p>
Signature _____ Date _____  Print Name: _____ State Bar # _____		
Reason for denial or variation, if any:		
Rev. 2/1/2015		_____ JUDGE PRESIDING

