DeWitt County Attorney Fee Voucher

1. DeWitt County

☐ County Court
☐ Juvenile Court

☐ 24th Judicial District Court
☐ 135th Judicial District Court
☐ 267th Judicial District Court

3a. Flat Fee - Appointed Services:

☐ No Charges filed ---------- $ 75.00

☐ Felony ---------- $ 350.00
☐ Felony MTR/MTA ---------- $ 275.00

☐ Misdemeanor ---------- $ 250.00
☐ Misdemeanor MTR/MTA -- $ 225.00
☐ Juvenile ---------- $ 225.00

☐ Multiple case ---------- $ 75.00

☐ Death Sentence Appeal ------ $5,000.00
☐ Felony Appeal ---------- $1,250.00
☐ Misdemeanor Appeal ------- $ 750.00
☐ Juvenile Appeal ---------- $ 750.00

2. **Style:**

Cause No. _____

☐ Criminal: The State of Texas vs.

_____

☐ Juvenile: In the matter of

_____

☐ CPS: ☐ AG: ☐ Other:

_____

3b. Hourly fee *(complete if not claiming flat fee – Detail service, time spent & dates on separate paper)*

Total Hours In Court: _____

Total Hours Out of Court: _____

TOTAL HOURS:

_____

DeWitt County Account #

☐ Co.Ct Indigent: 012-112-6020
☐ Co.Ct Civil: 012-112-6030
☐ Juvenile: 012-112-6040
☐ Co.Ct Cost Indigent: 012-112-6890
☐ Co.Ct Miscellaneous: 012-112-6900
☐ District Ct Indigent: 012-113-6020
☐ District Ct Civil: 012-113-6030
☐ District Ct Cost Civil: 012-113-6060
☐ District Ct Cost Indig: 012-113-6090

COURT-APPROVED FEES & EXPENSES *(Court computes)***:**

Court-Approved Fee: $

4.	**Investigation Expenses** ***(attach supporting documentation)***	Amount Claimed	Approved Investigation Expenses: $
		$	

5.	**Expert Witness Expenses** ***(attach supporting documentation)***	Amount Claimed	Approved Expert Witness: $
		$	

6.	**Other Litigation Expenses (detail)**	Amount Claimed	Other Approved Expenses: $
		$	

☐ Final Payment ☐ 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.

Signature Date

Print Name: State Bar #

Total Amount Approved By Court: $

IT IS ORDERED that the above-approved amount be paid.

Signed the_____day of

_____, 20_____.

Reason for denial or variation, if any:

Rev. 03/01/2021

JUDGE PRESIDING