

## DeWitt County Attorney Fee Voucher

<p><b>1. DeWitt County</b></p> <p><input type="checkbox"/> County Court  <input type="checkbox"/> Juvenile Court</p> <p><input type="checkbox"/> 24th Judicial District Court  <input type="checkbox"/> 135th Judicial District Court  <input type="checkbox"/> 267th Judicial District Court</p> <hr/> <p><b>3a. Flat Fee - Appointed Services:</b></p> <p><input type="checkbox"/> No Charges filed ----- \$ 100.00</p> <p><input type="checkbox"/> Felony ----- \$ 450.00  <input type="checkbox"/> Felony MTR/MTA ----- \$ 350.00</p> <p><input type="checkbox"/> Misdemeanor ----- \$ 325.00  <input type="checkbox"/> Misdemeanor MTR/MTA -- \$ 275.00  <input type="checkbox"/> Juvenile ----- \$ 275.00</p> <p><input type="checkbox"/> Multiple case ----- \$ 100.00</p> <p><input type="checkbox"/> Death Sentence Appeal ----- \$7,500.00  <input type="checkbox"/> Felony Appeal ----- \$1,575.00  <input type="checkbox"/> Misdemeanor Appeal ----- \$1,000.00  <input type="checkbox"/> Juvenile Appeal ----- \$1,000.00</p>	<p><b>2. Style:</b></p> <p><b>Cause No.</b> _____</p> <p><input type="checkbox"/> Criminal: The State of Texas vs.          _____</p> <p><input type="checkbox"/> Juvenile: In the matter of          _____</p> <p><input type="checkbox"/> AG:                      <input type="checkbox"/> Other:</p> <hr/> <p><b>3b. Hourly fee</b> (complete if not claiming flat fee –  <i>Detail service, time spent &amp; dates on separate paper</i>)</p> <p>Total Hours In Court: _____</p> <p>Total Hours Out of Court: _____</p> <p><b>TOTAL HOURS:</b> _____</p>	<p style="text-align: center;"><b><u>DeWitt County Account #</u></b></p> <p><input type="checkbox"/> Co.Ct Indigent:            012-112-6020  <input type="checkbox"/> Co.Ct Civil:                012-112-6030  <input type="checkbox"/> Juvenile:                    012-112-6040  <input type="checkbox"/> Co.Ct Cost Indigent:    012-112-6890  <input type="checkbox"/> Co.Ct Miscellaneous:   012-112-6900  <input type="checkbox"/> District Ct Indigent:    012-113-6020  <input type="checkbox"/> District Ct AG:            012-113-6031  <input type="checkbox"/> District Ct Cost AG    012-113-6061  <input type="checkbox"/> District Ct Cost Indig: 012-113-6090</p> <p style="text-align: center;"><b>COURT-APPROVED FEES &amp; EXPENSES</b> (Court computes):</p> <p>Court-Approved Fee: _____</p> <p style="text-align: right;">\$ _____</p>
<p><b>4. Investigation Expenses</b> (attach supporting documentation)</p> <p>Amount Claimed: _____</p> <p style="text-align: right;">\$ _____</p>	<p><b>5. Expert Witness Expenses</b> (attach supporting documentation)</p> <p>Amount Claimed: _____</p> <p style="text-align: right;">\$ _____</p>	<p>Approved Investigation Expenses: _____</p> <p style="text-align: right;">\$ _____</p>
<p><b>6. Other Litigation Expenses</b> (detail)</p> <p>Amount Claimed: _____</p> <p style="text-align: right;">\$ _____</p>	<p>Other Approved Expenses: _____</p> <p style="text-align: right;">\$ _____</p>	<p>Approved Expert Witness: _____</p> <p style="text-align: right;">\$ _____</p>
<p><input type="checkbox"/> Final Payment   <input type="checkbox"/> Partial Payment</p> <p style="text-align: center;">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 &amp; TIN on IRS form W-9.</p> <p>Signature _____ Date _____</p> <p>Print Name: _____ State Bar # _____</p>		<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>
<p>Reason for denial or variation, if any:</p>	<p style="text-align: center;">_____ JUDGE PRESIDING</p>	