

**GALVESTON COUNTY ATTORNEY FEE VOUCHER**

STYLE: State of Texas v. \_\_\_\_\_ Services Rendered: Beginning \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

District Court # _____	Case#/Offense _____/_____/_____	Disposition Date: _____/_____/_____	
County Court # _____	Case#/Offense _____/_____/_____	<input type="checkbox"/> Trial -Jury	<input type="checkbox"/> Trial-Court Dismissed
	Case#/Offense _____/_____/_____	<input type="checkbox"/> Plea	<input type="checkbox"/> Hired New counsel
		<input type="checkbox"/> No-Billed	<input type="checkbox"/> Dism/Reduced
			<input type="checkbox"/> Atty. Withdrawn
			<input type="checkbox"/> Atty. Removal

OFFENSE LEVEL:  Felony 1  Felony 2 or 3  Capital-Death Penalty  Capital-Non Death  State Jail  MRP-Felony  Misd  MRP-Misd  Appeal  Juvenile

**INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID**

Brief Description	Out of Court v(check)	In Court v(check)	Date	Number Hours	Rate v(check one per line)				Total
					State Jail / Misd	F2-3	F1	F- MH Wheel	
					<input type="radio"/> \$75.00	<input type="radio"/> \$80.00	<input type="radio"/> \$85.00	<input type="radio"/> \$100.00	\$
					<input type="radio"/> \$75.00	<input type="radio"/> \$80.00	<input type="radio"/> \$85.00	<input type="radio"/> \$100.00	\$
					<input type="radio"/> \$75.00	<input type="radio"/> \$80.00	<input type="radio"/> \$85.00	<input type="radio"/> \$100.00	\$
					<input type="radio"/> \$75.00	<input type="radio"/> \$80.00	<input type="radio"/> \$85.00	<input type="radio"/> \$100.00	\$
					<input type="radio"/> \$75.00	<input type="radio"/> \$80.00	<input type="radio"/> \$85.00	<input type="radio"/> \$100.00	\$
<b>TOTAL 1</b>									<b>T1 \$</b>

Misd. Plea/Dismissed w/Felony				Quantity		
List case numbers at top of form					\$50.00	\$
<b>TOTAL 2</b>						<b>T2 \$</b>

Other Allowable Expenses Brief Description	Date	Quantity	Cost	Total
<b>TOTAL 3</b>				<b>T3 \$</b>

**TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD PARTY (MINUS) T4 \$**

**TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) - (T4) \$**

**IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided. If listing a NEW ADDRESS, you must complete and attach a new W9.**

PEID #: \_\_\_\_\_ You must PRINT LEGIBLY

PRINT NAME	ADDRESS	CITY	ST.	ZIP
			TX	
PHONE NUMBER	FAX NUMBER	TAX ID/SS#	BAR NUMBER	

**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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION**

Signature of Presiding Judge: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ \$

Signature of Presiding Judge: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ **AMOUNT ALLOWED** ↑  
(2<sup>nd</sup> signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, pleas to a lesser charge. Submit to District Court first, if approved, submit to County Court for approval)

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED V PAID:

**ADMINISTRATION ONLY BELOW THIS LINE**

PR#:	PO#:	DATE COMPLETED:	INITIALS:
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