

**GALVESTON COUNTY ATTORNEY FEE VOUCHER  
JAIL DOCKET / MAGISTRATE - BAIL REVIEW HEARING**

V OFFENSE LEVEL:       Felony       Misd

COURT NUMBER:

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

Jail Docket \$200 Per Day      Magist-Bail Review \$300 1st 2 Hours & \$37.50 for Each Quarter Hour Exceeding 2 Hours

| DATE  | Rate                           |                                  | v(check) | Total        | LIST CASE NUMBERS | LIST CASE NUMBERS |
|---|--------------------------------|----------------------------------|----------|--------------|-------------------|-------------------|
|   | Jail Docket                    | Bail Hearing                     |          |              |                   |                   |
|   | <input type="radio"/> \$200.00 | <input type="radio"/> \$ 0.00-F  |          | \$           |                   |                   |
|   | <input type="radio"/> \$200.00 | <input type="radio"/> \$ 0.00-F  |          | \$           |                   |                   |
|   | <input type="radio"/> \$200.00 | <input type="radio"/> \$ 0.00-F  |          | \$           |                   |                   |
|   | <input type="radio"/> \$200.00 | <input type="radio"/> \$ 0.00-F  |          | \$           |                   |                   |
|   | <input type="radio"/> \$200.00 | <input type="radio"/> \$ 0.00-F  |          | \$           |                   |                   |
|   | <input type="radio"/> \$200.00 | <input type="radio"/> \$300.00-F |          | \$           |                   |                   |
|   | <input type="radio"/> \$200.00 | <input type="radio"/> \$300.00-F |          | \$           |                   |                   |
|   | <input type="radio"/> \$200.00 | <input type="radio"/> \$300.00-F |          | \$           |                   |                   |
|   | <input type="radio"/> \$200.00 | <input type="radio"/> \$300.00-F |          | \$           |                   |                   |
|   | <input type="radio"/> \$200.00 | <input type="radio"/> \$300.00-F |          | \$           |                   |                   |
| <b>TOTAL 1</b>  |                                |                                  |          | <b>T1 \$</b> |                   |                   |
| Misd. Only  | # Days                         |                                  | X        |              |                   |                   |
| Only Attorney Appearing   |                                |                                  | \$100.00 | \$           |                   |                   |
| <b>TOTAL 2</b>  |                                |                                  |          | <b>T2 \$</b> |                   |                   |
| <b>TOTAL CLAIM (T1 + T2)</b>  |                                |                                  |          | <b>\$</b>    |                   |                   |
| PAYMENT EXAMPLES:<br>MAGIST/BAIL REVIEW<br>1 HR \$300    2 HRS \$300<br>2 1/4 HRS \$337.50    2 1/2 HRS \$375 |                                |                                  |          |              |                   |                   |

**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**

|                     |                   |                   |                   |            |
|---------------------|-------------------|-------------------|-------------------|------------|
| <b>PRINT NAME</b>   | <b>ADDRESS</b>    | <b>CITY</b>       | <b>ST.</b>        | <b>ZIP</b> |
|                     |                   |                   | TX                |            |
| <b>PHONE NUMBER</b> | <b>FAX NUMBER</b> | <b>TAX ID/SS#</b> | <b>BAR NUMBER</b> |            |
|                     |                   |                   |                   |            |

**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:      /      /

\$

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

**AMOUNT ALLOWED** ↑

**ADMINISTRATION ONLY BELOW THIS LINE**

|      |     |                 |           |
|------|-----|-----------------|-----------|
| CR#: | C#: | DATE COMPLETED: | INITIALS: |
|      |     |                 |           |