

GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v. _____ Services Rendered: Beginning ___/___/___ through ___/___/___

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 Withdrawn |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

V 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 | F1-Spanish | |
| | | | | | <input type="radio"/> \$75 | <input type="radio"/> \$80 | <input type="radio"/> \$85 | <input type="radio"/> \$100 | <input type="radio"/> \$125 | \$ |
| | | | | | <input type="radio"/> \$75 | <input type="radio"/> \$80 | <input type="radio"/> \$85 | <input type="radio"/> \$100 | <input type="radio"/> \$125 | \$ |
| | | | | | <input type="radio"/> \$75 | <input type="radio"/> \$80 | <input type="radio"/> \$85 | <input type="radio"/> \$100 | <input type="radio"/> \$125 | \$ |
| | | | | | <input type="radio"/> \$75 | <input type="radio"/> \$80 | <input type="radio"/> \$85 | <input type="radio"/> \$100 | <input type="radio"/> \$125 | \$ |
| | | | | | <input type="radio"/> \$75 | <input type="radio"/> \$80 | <input type="radio"/> \$85 | <input type="radio"/> \$100 | <input type="radio"/> \$125 | \$ |
| TOTAL 1 | | | | | | | | | | T1 \$ |

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

| Other Allowable Expenses Brief Description | Date | Quantity | Cost | Total |
|--------------------------------------------|------|----------|------|--------------|
| | | | | |
| | | | | |
| TOTAL 3 | | | | T3 \$ |

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 ↑

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

ADMINISTRATION ONLY BELOW THIS LINE

| | | | |
|------|------|-----------------|-----------|
| PR#: | PO#: | DATE COMPLETED: | INITIALS: |
|------|------|-----------------|-----------|