

ATTORNEY FEE VOUCHER - GALVESTON COUNTY effective 10-1-2024

District Court # _____ **STYLE:** State of Texas v. _____
 _____ Cause #/Offense _____
County Court at Law # _____ Cause #/Offense _____
 _____ Cause #/Offense _____
 _____ Cause #/Offense _____

Disposition Date: ____/____/____
 Trial-Jury Hired New Counsel
 Trial-Court Atty. Withdrawn
 Plea Atty. Removed
 Dismissed No-Billed
 Dism/Red to Misd. # _____

Offense Level:

1st Degree 2nd & 3rd Degree State Jail Misdemeanor Juvenile Appeal Capital Murder MRP- Felony MRP-Misdemeanor Mental Health Wheel

Attorney (Full Name-PRINT): _____	Phone: _____
Street Address: _____	Cell: _____
City/State/Zip: _____	Fax: _____
Bar #: _____	Tax ID#/SS# _____

Time Period for Services Rendered: Beginning ____/____/____ **through** ____/____/____

Compensation is requested at the below rates pursuant to the Galveston Indigent Defense Plan:

Degree of Offense	Rate	Presumptive Max	Misdemeanor Plea/Dismissal w/ Felony
Mental Health Wheel	\$150/hr		Cause # _____
1 st Degree	\$150/hr	\$1250	Cause # _____
2 nd & 3 rd Degree	\$100/hr.	\$750	Cause # _____
SJF	\$90/hr.	\$450	
MRP/MTAG	\$90/hr.	\$450	
Misdemeanor (A/B)	\$90/hr.	\$450	\$50.00 per case
Appeal	\$85/hr.	\$4,000 Felony/\$2,500 Misdemeanor	Quantity: _____ TOTAL T1 \$ _____

- * Court appearances for non-dispositive settings where no contested matters are heard by the court will be paid at a flat rate of **\$50.00** per appearance.
- * Presumptive Maximum amounts include all dispositions by plea or dismissal; any voucher request above the presumptive maximum is subject to the discretion of the trial court.
- * Fee vouchers shall itemize the time spent on the representation with a detailed description of each item performed; time shall be detailed in increments of tenths (6 minute increments)

In Court Services	Itemized Services (Attach Additional Pages if Needed)	Date(s)	Hours	Total
				T2 \$ _____
Out of Court Services	Itemized Services (Attach Additional Pages if Needed)	Date(s)	Hours	Total
				T2 \$ _____
Other Allowable Expenses	Brief Description (Attach Additional Pages if Needed)	Date(s)	Hours	Total
				T3 \$ _____

Final Payment Partial Payment (allowed in special cases only, with Judge's approval)

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

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

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. 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. No travel time has been included in this voucher. If I appeared in Court on more than one (1) case, the total time spent in Court has been fairly divided among each case.

Attorney Signature: _____ Date: ____/____/____

Signature of Presiding Judge: _____ Date: ____/____/____

TOTAL ALLOWED \$ _____

REASON FOR DENIAL OR VARIATION: _____

ADMINISTRATION ONLY BELOW THIS LINE

PEID: _____ **PR#:** _____ **PO#:** _____ **DATE COMPLETED:** _____

ADDITIONAL ITEMIZED STATEMENT OF SERVICES/EXPENSES
(attach to Attorney Fee Voucher Form if needed)

In Court Services	Itemized Services	Date(s)	Hours	Total
				T2 \$ _____
Out of Court Services	Itemized Services	Date(s)	Hours	Total
				T2 \$ _____
Other Allowable Expenses	Brief Description	Date(s)	Amounts	
				T3 \$ _____