

ATTORNEY FEE VOUCHER - BRAZORIA COUNTY

District Court # _____	STYLE: State of Texas v. _____	Disposition Date: ____/____/____	
County Court at Law # _____	Cause #/Offense _____	<input type="checkbox"/> Trial-Jury	<input type="checkbox"/> Hired New Counsel
Account #574100-10000-_____	Cause #/Offense _____	<input type="checkbox"/> Trial-Court	<input type="checkbox"/> Atty. Withdrawn
	Cause #/Offense _____	<input type="checkbox"/> Plea	<input type="checkbox"/> Atty. Removed
	Cause #/Offense _____	<input type="checkbox"/> Dismissed	<input type="checkbox"/> No-Billed
		<input type="checkbox"/> Dism/Red to Misd. # _____	

Offense Level: Felony Misdemeanor Juvenile Appeal Capital-Death Penalty Capital-Non-Death MRP- Felony MRP-Misdemeanor

Attorney (Full Name-PRINT): _____ Street Address: _____ City/State/Zip: _____	Phone: _____ Cell: _____ Fax: _____ Bar# _____ Tax ID# _____
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Time Period for Services Rendered: Beginning ____/____/____ **through** ____/____/____

Compensation is requested at the below rates pursuant to the Fifth Amended Standards and Procedures Related to Appointment of Counsel for Indigent Defendants:

<u>Non-Trial Plea Agreement Cases</u>		<u>Trial</u>		<u>Non-Trial</u>	
Type	Rate	Type	Rate	Type	Rate
1 st /2 nd /3 rd Degree/SJF/MRP/MTAG	\$100-\$250/hr. \$900/plea	1 st Degree	\$100-\$250/hr.	1 st Degree	\$100-\$250/hr. \$900/day
Misdemeanor (A/B)	\$100-\$250/hr. \$600/plea	2 nd Degree	\$100-\$250/hr.	2 nd Degree	\$100-\$250/hr. \$900/day
*Juvenile rate same as corresponding case level.		3 rd Degree/SJF/	\$100-\$250/hr.	3 rd Degree/SJF/MRP/MTAG	\$100-\$250/hr. \$900/day
		MRP/MTAG	\$100-\$250/hr.	Misdemeanor	\$100-\$250/hr. \$600/day
		Misdemeanor (A/B)	\$100-\$250/hr.	Juvenile Detention Hearing	\$150/case (max \$450/day)
		*Juvenile rate same as corresponding case level.		*Other juvenile rate same as corresponding case level.	
		¹ The "Presumptive Maximum" applies to all cases unless indicated otherwise. "Presumptive Maximum" includes all non-trial hours on plea cases, six hours on felony cases and three hours on misdemeanor cases. In the event the amount requested by the attorney exceeds the Presumptive Maximum, the attorney is responsible for providing an explanation to the Court to which the voucher is presented before the same will be approved.			

In Court Services	Itemized Services (Attach Additional Pages if Needed)	Date(s)	Hours

Out of Court Services	Itemized Services (Attach Additional Pages if Needed)	Date(s)	Hours

Other Allowable Expenses	Brief Description (Attach Additional Pages if Needed)	Date(s)	Amounts

			\$ _____

Investigator:	SUBMIT BILL FROM INVESTIGATOR	To be paid by: <input type="checkbox"/> County <input type="checkbox"/> Attorney	\$ _____
Expert Witness:	SUBMIT BILL FROM EXPERT/DOCTOR/OTHER	To be paid by: <input type="checkbox"/> County <input type="checkbox"/> Attorney	\$ _____
Psyc. Evaluation:	SUBMIT BILL FROM DOCTOR	To be paid by: <input type="checkbox"/> County <input type="checkbox"/> Attorney	\$ _____

TOTAL HOURS: _____

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

TOTAL COMPENSATION AND EXPENSES CLAIMED (Do not include amounts to investigators, experts, etc. to be paid by County) \$ _____

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: _____

