ATTORNEY FEE VOUCHER - BRAZORIA COUNTY

District Court #_____

County Court at Law #_____

Account #574100-10000-_____

STYLE: State of Texas v. _____

Cause #/Offense_____

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 Withdrawn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: ☐ 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# _____

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:

Non-Trial Plea Agreement Cases

Type	Rate
1st/2nd/3rd Degree/SJF/MRP/MTAG	$100-$250/hr. $900/plea
Misdemeanor (A/B)	$100-$250/hr. $600/plea

*Juvenile rate same as corresponding case level.

Post-Conviction/Other

Appeal/MNT	$100-$250/hr.$3,000/case Appeal
(after PDR)/Art. 11.07	$100-$250/hr.$1,750/case DNA
Motion	$100-$250/hr.$ 500/case
Attorney-for-the-Day	$125-$150/hr.

Trial

Type	Rate
1st Degree	$100-$250/hr.
2nd Degree	$100-$250/hr.
3rd Degree/SJF/	$100-$250/hr.
MRP/MTAG	$100-$250/hr.
Misdemeanor (A/B)	$100-$250/hr.

*Juvenile rate same as corresponding case level.

Non-Trial

Type	Rate
1st Degree	$100-$250/hr. $900/day
2nd Degree	$100-$250/hr. $900/day
3rdDegree/SJF/MRP/MTAG	$100-$250/hr. $900/day
Misdemeanor	$100-$250/hr. $600/day
Juvenile Detention Hearing	$150/case (max $450/day)

*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: ☐County ☐Attorney $ _____

Expert Witness: SUBMIT BILL FROM EXPERT/DOCTOR/OTHER To be paid by: ☐County ☐Attorney $ _____

Psyc. Evaluation: SUBMIT BILL FROM DOCTOR To be paid by: ☐County ☐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:_____

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

In Court Services	Itemized Services	Date(s)	Hours
Out of Court Services	Itemized Services	Date(s)	Hours
Other Allowable Expenses	Brief Description	Date(s)	Amounts