

MADISON COUNTY ATTORNEY FEE VOUCHER

Cause Number	Offense	<input type="checkbox"/> 12 th <input type="checkbox"/> 278 th	<input type="checkbox"/> Madison
		<input type="checkbox"/> Trial-Jury <input type="checkbox"/> Dismissed <input type="checkbox"/> Trial-Court <input type="checkbox"/> Rejected <input type="checkbox"/> Plea <input type="checkbox"/> Hired Atty <input type="checkbox"/> Open Plea <input type="checkbox"/> Withdrawal	
In the case of: _____			
<input type="checkbox"/> Felony <input type="checkbox"/> Felony MTR/MTA <input type="checkbox"/> Felony SPU <input type="checkbox"/> Felony Appeal <input type="checkbox"/> Capital Case <input type="checkbox"/> Juvenile Case			
Attorney (Full Name)		Attorney Address (Include Law Firm Name if Applicable)	
State Bar Number	Tax ID Number	Telephone	
		Fax	
Flat Fee – Court Appointed Services			Total Flat Fee \$
<input type="checkbox"/>	First Degree/Second Degree Plea/Dismissal	\$1,750	
<input type="checkbox"/>	Third Degree/State Jail Plea/Dismissal	\$1,000	
<input type="checkbox"/>	Additional Cases	quantity \$100 per charge/count	
<input type="checkbox"/>	Declined/Rejected Cases	quantity \$100 per charge/count	
<input type="checkbox"/>	Bilingual Attorney Stipend	\$100	
<input type="checkbox"/>	Trial/Hearing Preparation	hours \$90 per hour (detail attached)	
<input type="checkbox"/>	Jury or Bench Trial/Contested Hearing Appearance	hours \$90 per hour (detail attached)	
<input type="checkbox"/>	Appeal	hours \$90 per hour (detail attached)	
In Court Services (attach detailed billing)		hours \$ per hour	Total In Court Services \$
Out of Court Services (attach detailed billing)		hours \$ per hour	Total Out of Court Services \$
Investigator/Expert/Other Expenses		Amount	Total Expenses \$
Prior approval by Court: <input type="checkbox"/> yes <input type="checkbox"/> no			
Prior approval by Court: <input type="checkbox"/> yes <input type="checkbox"/> no			
Time Period of service Rendered: From _____ to _____ Date Date			
Additional Comments			Total Compensation and Expenses Claimed
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.			
<input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment		Signature _____ Date _____	
SIGNATURE OF PRESIDING JUDGE:		Date:	Amount Approved:
Reason(s) for Denial or Variation			