

CALHOUN COUNTY COURT AT LAW NO. 1 – ATTORNEY FEE VOUCHER

1. Jurisdiction: <input type="checkbox"/> County Court at Law No. 1 <input type="checkbox"/> No Charges Filed	1. County: <input type="checkbox"/> Calhoun	3. Style: Cause No. _____ <input type="checkbox"/> Criminal: The State of Texas vs. _____ <input type="checkbox"/> Juvenile: In the matter of _____ <input type="checkbox"/> Civil: _____ vs. _____	_____ County Account # <input type="checkbox"/> CPS: 1000-410-63380-999 <input type="checkbox"/> MIS: 1000-410-60050-001 <input type="checkbox"/> JUV: 1000-500-63070-001
4a. Flat Fee – Court Appointed Services <input type="checkbox"/> No Charges filed ----- \$ 100.00 <input type="checkbox"/> Misdemeanor ----- \$ 325.00 <input type="checkbox"/> Misdemeanor/Adj./Rev. -- \$ 275.00 <input type="checkbox"/> Juvenile ----- \$ 275.00 <input type="checkbox"/> Multiple Case ----- \$ 100.00 <input type="checkbox"/> Misdemeanor Appeal --- \$ 1,000.00 <input type="checkbox"/> Juvenile Appeal ----- \$ 1,000.00 <input type="checkbox"/> Mental/Other ----- \$325.00		4b. Hourly Fee <i>(complete if not claiming flat fee – Detail service, time spent & dates on separate paper)</i> Total Hours in Court: _____ Total Hours out of Court: _____ <u>TOTAL HOURS:</u> _____	9. COURT-APPROVED FEES & EXPENSES <i>(Court computes):</i> Court-Approved Fee: \$ _____ Court-Approved Investigation Expenses: \$ _____ Court-Approved Expert Witness Expenses: \$ _____ Court-Approved Other Litigation Expenses: \$ _____ Total Amount Approved By Court: \$ _____
5. Investigation Expenses <i>(attach supporting documentation)</i>		Amount Claimed	Total Amount Approved By Court: \$ _____ IT IS ORDERED that the above-approved amount be paid. Signed the _____ day of _____, _____.
_____ \$		_____ \$	
6. Expert Witness Expenses <i>(attach supporting documentation)</i>		Amount Claimed	
_____ \$		_____ \$	
7. Other Litigation Expenses <i>(detail)</i>		Amount Claimed	Total Amount Approved By Court: \$ _____ IT IS ORDERED that the above-approved amount be paid. Signed the _____ day of _____, _____.
_____ \$		_____ \$	
<input type="checkbox"/> Final Payment		<input type="checkbox"/> Partial Payment	
8. 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. The county auditor has been provided my current address & TIN on IRS form W-9. _____ Signature _____ Date _____ Print Name: _____ State Bar #: _____			Total Amount Approved By Court: \$ _____ IT IS ORDERED that the above-approved amount be paid. Signed the _____ day of _____, _____.
Reason(s) for denial or variation, if any: _____			
			_____ JUDGE PRESIDING – JAMES R. BEELER