

## ATTORNEY FEE VOUCHER GALVESTON COUNTY

**Disposition Date:** \_\_\_/\_\_\_/\_\_\_

District Court # \_\_\_\_\_

Cause #/Offense \_\_\_\_\_

Trial – Jury       Hired New Counsel

County Court at Law # \_\_\_\_\_

Cause #/Offense \_\_\_\_\_

Trial – Court       Atty. Withdrawn

Cause #/Offense \_\_\_\_\_

Plea       Atty. Removed

Cause#/Offense \_\_\_\_\_

Dismissed       No-Billed

Cause#/Offense \_\_\_\_\_

Dism/Red to Misd. # \_\_\_\_\_

STYLE: State of Texas v. \_\_\_\_\_

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

Attorney (Full Name): \_\_\_\_\_ Telephone # \_\_\_\_\_ SS#: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax # \_\_\_\_\_ BAR# \_\_\_\_\_

City/State/Zip \_\_\_\_\_ TAX ID# \_\_\_\_\_

Time Period for Services Rendered: Beginning \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Flat Fee – Court Appointed Services       Jail Docket      week      \$900.00      \$

In Court Services: (Includes Plea, Dismissal, No-Billed, etc. in accordance with adopted fee schedule and rate of \$60.00 per hour)	Brief Description	Hours	Dates	Rate	Total

Out of Court Services:	Brief Description	Hours	Dates	Rate	Total

Total from Additional Pages: \_\_\_\_\_

Other Allowable Expenses:	Brief Description	Cost	Date	Total

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      \$ \_\_\_\_\_

Pysc. Evaluation:      SUBMIT BILL FROM DOCTOR      To be paid by:  County  Attorney      \$ \_\_\_\_\_

Monies Received from Defendant or on behalf of Defendant: (MINUS)      \$ \_\_\_\_\_

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 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.

Attorney Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Signature of Presiding Judge: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

\$ \_\_\_\_\_

**TOTAL ALLOWED**

REASON FOR DENIAL OR VARIATION: \_\_\_\_\_ FORM GC#8