

GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v. _____ Services Rendered: Beginning ___/___/___ through ___/___/___

District Court # _____	Case#/Offense _____/_____/_____	Disposition Date: _____/_____/_____	<input type="checkbox"/> Trial -Jury	<input type="checkbox"/> Trial-Court	<input type="checkbox"/> Hired New counsel
County Court # _____	Case#/Offense _____/_____/_____		<input type="checkbox"/> Plea	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Atty. Withdrawn
	Case#/Offense _____/_____/_____		<input type="checkbox"/> No-Billed	<input type="checkbox"/> Dim/Reduced	<input type="checkbox"/> Atty. Removal

v OFFENSE LEVEL: Felony 1 Felony 2 or 3 Capital-Death Penalty Capital-Non Death State Jail MRP-Felony Misd MRP-Misd Appeal Juvenile

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

Brief Description	Out of Court v(check)	In Court v(check)	Date	Number Hours	Rate v(check one per line)			Total
					State Jail / Misd	F2-3	F1	
					<input type="radio"/> \$75.00	<input type="radio"/> \$80.00	<input type="radio"/> \$85.00	\$
					<input type="radio"/> \$75.00	<input type="radio"/> \$80.00	<input type="radio"/> \$85.00	\$
					<input type="radio"/> \$75.00	<input type="radio"/> \$80.00	<input type="radio"/> \$85.00	\$
					<input type="radio"/> \$75.00	<input type="radio"/> \$80.00	<input type="radio"/> \$85.00	\$
					<input type="radio"/> \$75.00	<input type="radio"/> \$80.00	<input type="radio"/> \$85.00	\$
TOTAL 1								T1 \$

Misd. Plea/Dismissed w/Felony	Quantity	Cost	Total
List case numbers at top of form		\$50.00	\$
TOTAL 2			T2 \$

Other Allowable Expenses Brief Description	Date	Quantity	Cost	Total
TOTAL 3				T3 \$

TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD PARTY (MINUS) T4 \$

TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) – (T4) \$

IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided.
If listing a NEW ADDRESS, you must complete and attach a new W9.

PEID #: _____ You must PRINT LEGIBLY

PRINT NAME	ADDRESS	CITY	ST.	ZIP
			TX	
PHONE NUMBER	FAX NUMBER	TAX ID/SS#	BAR NUMBER	

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 expense 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: _____

AUTHORIZATION

Signature of Presiding Judge: _____ Date: ___/___/___ \$

Signature of Presiding Judge: _____ Date: ___/___/___ AMOUNT ALLOWED ↑

(2nd signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, pleas to a lesser charge. Submit to District Court first, if approved, submit to County Court for approval)

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED V PAID:

ADMINISTRATION ONLY BELOW THIS LINE

CR#:	C#:	DATE COMPLETED:	INITIALS:
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