



COURT APPOINTED ATTORNEY FEE VOUCHER

For Hunt County Auditor Use Only:

Vendor # _____

Line Item _____

1. CASE STYLE			2. COURT	
CAUSE NO.			<input type="checkbox"/> 196 th District Court	
<input type="checkbox"/> Criminal:	State of Texas	VS	<input type="checkbox"/> 354 th District Court	
<input type="checkbox"/> Writ:	State of Texas	VS	<input type="checkbox"/> County Court at Law No. 1	
<input type="checkbox"/> Juvenile:	In the Matter	of	<input type="checkbox"/> County Court at Law No. 2	
<input type="checkbox"/> Mental:	In the Best Interest	of		
<input type="checkbox"/> Guardian:	In the Guardianship	of		
<input type="checkbox"/> Civil / CPS:				
			3. APPEAL	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

4. HOURLY RATE FEE (Required: Attach detailed Invoice)		
TOTAL HOURS	x	<input type="checkbox"/> Standard Fee \$100/hr
		<input type="checkbox"/> Capital Fee \$110/hr
TOTAL FEE:	\$	

5. FLAT FEE (No documentation needed)	
<input type="checkbox"/> Misdemeanor	\$200
<input type="checkbox"/> Felony	\$250
<input type="checkbox"/> MTR (F/M)	\$200
<input type="checkbox"/> Juvenile	\$200
<input type="checkbox"/> Mental	\$200

6. OTHER EXPENSES (Required: Attach supporting documentation)	
Amount Claimed	\$

7. CRIMINAL CASES ONLY					
INCARCERATION STATUS		DISPOSITION			
<input type="checkbox"/> In Custody	<input type="checkbox"/> Out on Bond	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Probation	____ Month(s) ____ Year(s)	<input type="checkbox"/> Non-Paying Supervision
					<input type="checkbox"/> Dismissed <input type="checkbox"/> PIP
Plea Date:		Defendant's Email:			

8. ATTORNEY CERTIFICATION	
<input type="checkbox"/> FINAL PAYMENT (Must select reason below)	<input type="checkbox"/> PARTIAL PAYMENT (Must select reason below)
<input type="checkbox"/> CASE DISPOSED / <input type="checkbox"/> REMOVED FROM CASE	<input type="checkbox"/> Writ / <input type="checkbox"/> PIP Plea
TIME PERIOD OF SERVICES RENDERED From _____ to _____	
I, the undersigned attorney, certify that I was appointed by the Court in the above referenced case. 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 NO. _____

COURT APPROVED FEES AND EXPENSES			
Fee	\$	Other Expenses	\$
It is ORDERED that the above Fees and Other Expenses are to be INCLUDED in the Bill of Costs.			
SIGNED ON _____, 20____.		_____ JUDGE PRESIDING	
The Court APPROVES the above Fees and Other Expenses and ORDERS the Hunt County Auditor to issue payment of the above amounts.			
SIGNED ON _____, 20____.		_____ JUDGE PRESIDING	

Court's reason for denial or variation, if any:

* After the Court APPROVES and ORDERS payment by the Auditor, this Voucher shall be filed with the Hunt County Auditor on or before the next business day.