

**ATTORNEY FEES EXPENSE VOUCHER
33RD/424TH JUDICIAL DISTRICTS AND COUNTY COURTS**

INSTRUCTIONS

1. SHOW ONLY ONE DEFENDANT AND TYPE OF CASE PER VOUCHER.
2. ATTACH PAID INVOICES WHERE APPLICABLE.
3. FILL IN ALL APPLICABLE SECTIONS AND CERTIFY YOUR APPEARANCE.
4. FORWARD COMPLETED VOUCHER TO THE PRESIDING JUDGE FOR APPROVAL.

COURT APPEARANCE INFORMATION

DEFENDANT/RESPONDENT: _____ CASE NUMBER _____

COUNTY: _____ TYPE OF CASE: Fel Misd. Revo. Juv. _____

Check (✓) below to indicate disposition of case and the amount requested.

If requesting an amount **in excess** of the standard amount, attach a written explanation & justification enter the **additional amount** requested here: \$ _____

FELONY & JUVENILE ADJ. SCHEDULE	<input checked="" type="checkbox"/>	Std. Amt.	For Court's Use
Guilty Plea - State Jail		\$325	
Guilty Plea - All Other Felony		425	
Dismissal of Case		375	
Indictment Quashed		250	
Non-jury Trial - State Jail		500 / day (1	
Non-jury Trial - All Other Felony		625 / day (2	
Open Plea to Ct. - Trial on Pun. - State Jail		500 (1	
Open Plea to Ct. - Trial on Pun. - All Other Felony		625 (1	
Jury Trial - State Jail		750 /day (2	
Jury Trial - All Other Felony		950 / day (3	
Appeal - State Jail		1,250	
Appeal - All Other Felony		2,000	
Revocations & Requests to Adjudicate (X2 If Contested Hearing)		375	
Multiple Case Disposition, additional		250	
Juvenile Adjudication & Disp. - Plea		375	
Juvenile Adjudication & Disp. - Bench Trial		625 (1	
Juvenile Adjudication - Jury & Disp.		625 / day (3	
Juvenile Detention		75	

Plus, up to the following amounts for pretrial work:

(1) 625 (2) 900 (3) 1,250 — attach itemized statement of services to justify pretrial work.

MISDEMEANOR SCHEDULE	<input checked="" type="checkbox"/>	Std. Amt.	For Court's Use
Guilty Plea		\$200	
Dismissal of Case		125	
Information Quashed		150	
Non-jury Trial		450	
Open Plea to Court - Trial on Punishment		375	
Jury Trial		625	

Appeal		750	
Revocations & Requests to Adjudicate (X2 If Contested Hearing)		250	
Multiple Case Disposition, additional		100	

EXPENSES & CAPITAL CASE FEES – LIST IN DETAIL – attach itemized detail as needed.	Amount Claimed (attach copies receipts for expenses)	For Court Use

Approved Fee – fixed amount		\$
Approved Fee – additional pretrial work		\$
Approved Expenses		\$
TOTAL Approved and Payment Ordered	Init: _____ Date: _____	\$
The Court approves a sum less than that requested because: <input type="checkbox"/> Request exceeds the fixed fee schedule, <input type="checkbox"/> Request for excess compensation was not adequately justified, <input type="checkbox"/> Other:		

PERSONAL INFORMATION

TYPED OR PRINTED NAME:		
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	STATE BAR NUMBER
MAILING ADDRESS:		

CERTIFICATION

The undersigned Attorney at Law, affirms to the Court that the information contained above is true and correct.

Date: _____

Signature: _____