

## CPS Cases - Attorney Fee Voucher 33<sup>RD</sup> / 424<sup>TH</sup> Judicial District Courts

**INSTRUCTIONS:**

1. **SHOW ONLY ONE CASE PER VOUCHER.**
2. **ATTACH PAID INVOICES AND TIMESHEETS AS APPLICABLE.**
3. **FILL IN ALL APPLICABLE SECTIONS AND CERTIFY YOUR APPEARANCE.**

County	Cause Number	In the Interest of:		
Attorney (Full Name)		Attorney Address (Include Law Firm Name)		Telephone Number
State Bar Number	Tax ID Number			Email Address
<b>In Court Services</b>			Hours	Dates
Rate per Hour = \$75.00			Total Hours (max = 10 hrs total per case) =	
				Total In Court Compensation.
				\$
<b>Out of Court Services</b>			Hours	Dates
Rate per Hour = \$75.00			Total hours (max = 10 hrs total per case) =	
				Total Out of Court Compensation.
				\$
<b>Litigation Expenses</b>			Amount	Total Litigation Expenses
				\$
<b>If an attachment to detail services is used, please indicate here and still show totals on this page, or if you have additional comments:</b>				<b>Total Compensation &amp; Expenses Claimed</b>
				\$
<p>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.</p> <p><input type="checkbox"/> Final Payment   <input type="checkbox"/> Partial Payment</p> <p style="text-align: center;">_____ Signature</p> <p style="text-align: right;">_____ Date</p>				
SIGNATURE OF PRESIDING JUDGE:				Amount Approved:
				\$
Reason(s) for Denial or Variation				