

CT Date: _____

Vendor #: _____

Jackson County Attorney Fee Voucher

| | | | |
|--|---|--|---|
| 1. Jurisdiction: <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> 24th <input type="checkbox"/> Juvenile <input type="checkbox"/> 135th <input type="checkbox"/> CPS - Civil <input type="checkbox"/> 267th <input type="checkbox"/> APPEAL <input type="checkbox"/> No Charges filed | 2. County: <input type="checkbox"/> Calhoun <input type="checkbox"/> DeWitt <input type="checkbox"/> Goliad <input checked="" type="checkbox"/> Jackson <input type="checkbox"/> Refugio <input type="checkbox"/> Victoria | 3. Style: Cause No. _____ <input type="checkbox"/> Criminal: The State of Texas vs. <input type="checkbox"/> Juvenile: In the matter of _____ <input type="checkbox"/> Civil: vs. _____ | Jackson County Account # <input type="checkbox"/> CPS: 10-436-4530 <input type="checkbox"/> Co Crt: 10-436-4532 <input type="checkbox"/> Juvenile: 10-436-4531 <input type="checkbox"/> 24th: 10-436-4533 <input type="checkbox"/> 135th: 10-436-4534 <input type="checkbox"/> 267th: 10-436-4535 |
| 4a. Flat Fee - Court Appointed Services: <input type="checkbox"/> No Charges filed----- \$ 65.00 <input type="checkbox"/> FELONY ----- \$ 325.00 <input type="checkbox"/> FELONY (Adj./Rev.) - \$ 250.00 <input type="checkbox"/> Misdemeanor/Adj./Rev.- \$ 225.00 <input type="checkbox"/> JUVENILE ----- \$ 210.00 <input type="checkbox"/> Multiple case ----- \$ 65.00 <input type="checkbox"/> Felony Appeal ----- \$ 1,250.00 <input type="checkbox"/> Misdemeanor Appeal -- \$ 750.00 <input type="checkbox"/> Juvenile Appeal ----- \$ 750.00 <input type="checkbox"/> Mental / Other ----- \$ 225.00 | | 4b. Hourly fee (complete if not claiming flat fee – Detail service, time spent & dates on separate paper) Total Hours In Court: _____ Total Hours Out of Court: _____ TOTAL HOURS: _____ | |
| 5. Investigation Expenses (attach supporting documentation) | | Amount Claimed | 10-436-4536 10-436-4537/10-436-4538/10-436-4539 Approved Investigation Expenses: \$ |
| 6. Expert Witness Expenses (attach supporting documentation) | | Amount Claimed | 10-436-4536 10-436-4537/10-436-4538/10-436-4539 Approved Expert Witness Expenses: \$ |
| 7. Other Litigation Expenses (detail) | | Amount Claimed | 10-436-4536 10-436-4537/10-436-4538/10-436-4539 Approved Other Litigation Expenses: \$ |
| <input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment 8. 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. The county auditor has been provided my current address & TIN on IRS form W-9. _____ Signature Date Print Name: _____ State Bar # _____ | | Total Amount Approved By Court: \$ IT IS ORDERED that the above-approved amount be paid. Signed the _____ day of _____, _____. | |
| Reason(s) for denial or variation, if any: Rev. 3/1/2019 | | _____ JUDGE PRESIDING | |

Approved Signature: _____