COURT APPOINTED ATTORNEY PAYMENT VOUCHER
CRIMINAL
DISTRICT COURT _____

TO THE COMMISSIONERS COURT
OF WILLIAMSON COUNTY, TEXAS

Attorney Name: _____
Firm Name: _____
(if different from Attorney Name)
Address: _____
_____
_____
Email: _____
Phone Number: _____

_____
Last 4 digits of Federal Identification Number

or

_____
Last 4 digits of Social Security Number

Is firm a corporation? ☐ Yes ☐ No

Cause No. _____

The State of Texas vs.

_____

Line Item No. 01-0100-0435-004132

☐ State Jail Felony or F3
☐ F1 or F2

☐ Appeal
☐ Capital Murder
☐ Extradition

Details of work completed (or attach billing statement):

I certify the above information is true and accurate.

_____
Attorney Signature

I hereby approve payment for the above cause in the amount of $ _____

Approval Date: _____.

_____