

**COURT APPOINTED ATTORNEY PAYMENT VOUCHER  
COUNTY COURT AT LAW**

TO THE COMMISSIONERS COURT  
OF WILLIAMSON COUNTY, TEXAS

Attorney Name:

Firm Name:

(if different from Attorney Name)

Address:

XX-XXX

Last 4 digits of Federal Identification Number  
or

XXX-XX-

Last 4 digits of Social Security Number

Email:

Phone Number:

Line Item No. 01-0100-0425-004134

Is firm a Corporation?      Yes      No

*The State of Texas vs.*

Cause No(s).

\_\_\_\_\_  
Offense

**Request for Payment as Court Appointed Counsel**

In the above numbered and entitled cause(s) I, the undersigned attorney, represent to the Court that I was appointed by the Court to represent the Defendant in the above-styled and numbered cause and that I have performed the following work on the case(s):

**FINAL CASE DISPOSITION:**

**No Charges Filed      Plea      Trial      Dismissal  
Appeal      Attorney Withdrew without final disposition**

_____	Plea and Sentence ( <b>1 defendant with 1 case</b> )	\$350
_____	**Additional cases on same defendant (plea, 12.45 or dismissal) ( <b>per case</b> )	\$75
_____	Dismissal after court appearances & discovery ( <b>1 defendant with 1 case</b> )	\$350
_____	**Additional cases ( <b>per case</b> )	\$75
_____	Dismissal without court appearances	\$100
_____	Trial preparation / extraordinary work	\$100 / hr
_____	Trial / Evidentiary Hearing	\$350
_____	Appeals (\$2500 max)	\$100 / hr
_____	MHMR / Extraditions defendant / Sign language (Additional)	\$100
_____	Additional fees from page 2 (itemized statement)	

**TOTAL REQUESTED**

I certify the above information is true and accurate.

\_\_\_\_\_  
Attorney Signature

**ORDER**

Having reviewed the foregoing motion, and considering the facts of this case and the local guidelines for payment of counsel, I find that \$ \_\_\_\_\_ is proper, and order that payment be made in that amount.

\_\_\_\_\_, 20\_\_\_\_\_.  
Approval Date

\_\_\_\_\_  
Presiding Judge

TO BE COMPLETED ONLY IF REQUESTING ADDITIONAL FEES  
THAN STANDARD RATE

ATTACH TO PAGE ONE  
ITEMIZED STATEMENT TO SUPPORT HOURLY RATE (\$100 per  
hour) FOR CONTESTED MATTERS OR TO DEVIATE FROM  
STANDARD FEE SCHEDULE

Attorney should include date of service, service performed and amount of time.

TOTAL TIME:                      X                      / hr                      =

I certify the above information is true and correct.

\_\_\_\_\_  
Attorney Signature