

**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 (1 defendant with 1 case) | \$400 |
| _____ | **Additional cases on same defendant (plea, 12.45 or dismissal) (per case) | \$100 |
| _____ | Dismissal after court appearances & discovery (1 defendant with 1 case) | \$400 |
| _____ | **Additional cases (per case) | \$100 |
| _____ | Dismissal of unfiled case | \$100 |
| _____ | Trial preparation / extraordinary work | \$100 / hr |
| _____ | Trial / Evidentiary Hearing | \$350 / 1/2 day |
| _____ | 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