

**COURT APPOINTED ATTORNEY PAYMENT VOUCHER  
FOR THE**

TO THE COMMISSIONERS COURT  
OF WILLIAMSON COUNTY, TEXAS

Name: XX-XXX  
Address: Last 4 digits of Federal Identification Number

or

Email: XXX-XX-  
Ph#: Last 4 digits of Social Security Number

Is firm a corporation? ☐ Yes ☐ No

Line Item No. 01-0100-0435-004132

Cause No.

State Jail Felony or F3  
F1 or F2

*The State of Texas vs.*

*In the Matter of*

*In the Interest of*

\_\_\_\_\_

Details of work completed (or attach billing statement):

I hereby approve payment for the above cause in the amount of \$\_\_\_\_\_.

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

\_\_\_\_\_