

San Patricio County Court at Law No. 1
COURT-APPOINTED ATTORNEY PAYMENT VOUCHER

NAME OF ATTORNEY: _____

STATE BAR NO.: _____

ATTORNEY ADDRESS: _____

TAX ID NUMBER: XX-XXXX _____

ATTORNEY EMAIL: _____

ATTORNEY PHONE NO.: _____

MULTIPLE CASES HANDLED ON THE SAME DEFENDANT

STATE OF TEXAS VS _____

CAUSE No. (S) _____

I AM REQUESTING ATTORNEY FEES AT THE FLAT RATE

PLEA/DISMISSAL \$ 450.00

TRIAL/CONTESTED MOTION - 1/2 DAY \$350.00

TRIAL/ CONTESTED MOTION - FULL DAY(S) \$ 700.00 NUMBER OF DAYS _____

WITHDRAWAL PRIOR TO CASE FINALIZED \$ 100.00

JUVENILE DETENTION HEARING \$ 250.00

JUVENILE ADJUDICATION/DISPOSITION HEARING \$ 450.00

I AM REQUESTING ATTORNEY FEES AT AN HOURLY RATE IN LIEU OF FLAT FEE FOR EXCEPTIONAL CIRCUMSTANCES. DATES AND TIMES OF WORK TO BE SUBMITTED ON ATTACHED WORKSHEET AND HOURS TRANSFERRED BELOW:

IN- COURT HOURS: _____ X \$ 90.00 = _____

OUT-OF-COURT HOURS: _____ X \$ 70.00 = _____

TOTAL REQUESTED AT HOURLY RATE: \$ _____

NUMBER OF ADDITIONAL CASES ON SAME DEFENDANT: _____

I CERTIFY THAT MY DUES TO THE STATE BAR OF TEXAS FOR THE CURRENT YEAR ARE PAID, THAT THE ABOVE FACTS ARE TRUE AND CORRECT, THAT NO ONE ELSE IS BEING BILLED FOR THE TIME CLAIMED HEREIN, AND I HAVE NOT RECEIVED ANY ADDITIONAL COMPENSATION FOR REPRESENTING THE NAMED DEFENDANT.

TIME PERIOD OF SERVICES PROVIDED: _____ TO _____.

(SIGNATURE OF ATTORNEY)

I CERTIFY THAT THE ABOVE-APPOINTED ATTORNEY SHALL BE PAID \$ _____ FROM THE COUNTY FUNDS OF SAN PATRICIO COUNTY, TEXAS.

JUDGE PRESIDING

REASONS FOR DENIAL OR VARIATION: EXCESSIVE HOURLY RATE BASED ON CASE INSUFFICIENT DOCUMENTATION
MULTIPLE CASES/ OVERLAPPING WORK OTHER

HOURLY FEE REQUEST WORKSHEET

TIME IN COURT (DATES & HOURS SPENT):

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |

TOTAL HOURS _____

TIME OUT OF COURT (DATES, HOURS SPENT, & WHAT REASONABLE AND NECESSARY ACTIVITY WAS CONDUCTED):

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |

TOTAL HOURS _____

REIMBURSABLE EXPENSES:

TOTAL EXPENSES _____