

ATTORNEY FEES EXPENSE VOUCHER 33RD JUDICIAL DISTRICT AND COUNTY COURTS

INSTRUCTIONS

1. SHOW ONLY ONE DEFENDANT AND TYPE OF CASE PER VOUCHER.
2. ATTACH PAID INVOICES WHERE APPLICABLE.
3. FILL IN ALL APPLICABLE SECTIONS AND CERTIFY YOUR APPEARANCE.
4. FORWARD COMPLETED VOUCHER TO THE PRESIDING JUDGE FOR APPROVAL.

COURT APPEARANCE INFORMATION

DEFENDANT/RESPONDENT: _____ CASE NUMBER _____

COUNTY: _____ TYPE OF CASE: Fel Misd. Revo. Juv. CPS

Check (✓) below to indicate disposition of case and the amount requested.

If requesting an amount **in excess** of the standard amount, attach a written explanation & justification enter **the additional amount** requested here, if any, in addition to the flat fee: \$ _____

FELONY & JUVENILE ADJ. SCHEDULE	✓	Std. Am t.	For Court's Use
Guilty Plea - State Jail		\$250	
Guilty Plea - All Other Felony		350	
Dismissal of Case		300	
Indictment Quashed		200	
Non-jury Trial - State Jail		400 / day (1	
Non-jury Trial - All Other Felony		500 / day (2	
Open Plea to Ct. - Trial on Pun. - State Jail		400 (1	
Open Plea to Ct. - Trial on Pun. - All Other Felony		500 (1	
Jury Trial - State Jail		600 /day (2	
Jury Trial - All Other Felony		750 / day (3	
Appeal - State Jail		1,000	
Appeal - All Other Felony		1,500	
Revocations & Requests to Adjudicate		300	
Multiple Case Disposition, additional		200	
Juvenile Adjudication & Disp. - Plea		300	
Juvenile Adjudication & Disp. - Bench Trial		500 (1	
Juvenile Adjudication - Jury & Disp.		500 / day (3	

Plus, up to the following amounts for pretrial work:

(1) 500 (2) 750 (3) 1,000 — attach itemized statement of services to justify pretrial work.

MISDEMEANOR SCHEDULE	✓	Std. Am t.	For Court's Use
Guilty Plea		\$150	
Dismissal of Case		100	

Information Quashed		150	
Non-jury Trial		350	
Open Plea to Court - Trial on Punishment		300	
Jury Trial		500	
Appeal		600	
Revocations & Requests to Adjudicate		200	
Multiple Case Disposition, additional		75	
Juvenile Detention		50	

EXPENSES & CAPITAL CASE FEES – LIST IN DETAIL – attach itemized detail as needed.	Amount Claimed (attach copies receipts for expenses)	For Court Use

Approved Fee – fixed amount		\$
Approved Fee – additional pretrial work		\$
Approved Expenses		\$
LESS: Amount In Attorney Trust Acct (withdrawal by Atty. to apply to fees authorized)		\$ < >
TOTAL Approved and Payment Ordered	Init: _____ Date: _____	\$
The Court approves a sum less than that requested because: <input type="checkbox"/> Request exceeds the fixed fee schedule, <input type="checkbox"/> Request for excess compensation was not adequately justified, <input type="checkbox"/> Other: _____		

PERSONAL INFORMATION

TYPED OR PRINTED NAME:		
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	STATE BAR NUMBER
MAILING ADDRESS:		

CERTIFICATION

The undersigned Attorney at Law, affirms to the Court that the information contained above is true and correct.

Date: _____

Signature: _____