

**Attorney Fee Voucher
FLAT FEES**

FORM 7

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County Court at Law 1 & 2		2. Cause Number _____ Offense _____ _____ _____		4. Proceedings <input type="checkbox"/> Plea- Bargain <input type="checkbox"/> Other _____	
5. In the case of: _____ State of Texas v _____					
6. Case Level <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Juvenile <input type="checkbox"/> Competency <input type="checkbox"/> Ad Litem <input type="checkbox"/> Dismissals <input type="checkbox"/> Withdrawals (if Granted) <input type="checkbox"/> Post conviction Writ <input type="checkbox"/> Revocation – Felony <input type="checkbox"/> Revocation – Misdemeanor <input type="checkbox"/> No Charges Filed <input type="checkbox"/> Other _____					
7. Attorney (Full Name)			9. Attorney Address (Include Law Firm Name if Applicable)		10. Telephone
8. State Bar Number	8a. Tax ID Number				11. Email
12. Flat Fee – Court Appointed Services (Plea, Competency, Ad Litem, etc.)					12a. Total Flat Fee \$
Service Provided					
Number of Other Cases (not to Exceed 3 Cases)	#				
Cause Numbers					
13. Time Period of service Rendered: From _____ to _____ Date Date					
14. Attorney Certification – I, the undersigned attorney, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel. <input type="checkbox"/> Final Payment <input type="checkbox"/> Partial Payment _____ Signature Date					
15. SIGNATURE OF PRESIDING JUDGE:					Amount Approved:
Reason(s) for Denial or Variation					