ATTORNEY FEE VOUCHER Nueces County District Courts		INSTRUCTIONS: Please complete one fee voucher form for each case, If the defendant has multiple cases, staple all fee voucher forms together and submit to the State District Judge.					
State of Texas vs.		Cause No.:					
OFFENSE:			Case Level	n FC	□ CR	n DIVE	RT/OTHER
Part I						· <del>·····························</del>	
WITHDRAWAL/SUBSTITUTION	\$100		SJF		\$40	00	ם
DISMISSAL/DIVERT	\$200		3 <sup>RD</sup>		\$45		
PRE-FILE	\$200		2ND		\$5!		
MTR Part II	\$350		<b>1</b> 5T		\$7!	50	
I am requesting attorneys' fees <u>IN LIEU</u> to do so, or I am submitting justification request.  □ YES □ NO							
						· · · · · · · · · · · · · · · · · · ·	
In Court	H	ours x \$1	00 per hou	r =			<del></del>
Out of Court			0 per hour				
			,				
Jury Trial:							
In Court	Н	lours x\$	100 per ho	ur =			<del></del>
Reimbursable expenses (with prior approve  APPEAL  Reimbursable expenses (with prior approve	Hoı	TC ars x \$75 p	TAL: per hour	=	=		
	RNEY IDENTI			ATION			
ATTORNEY NAME OR FIRM:		STATE BAR NO.:					
EMAIL ADDRESS:		_ TE.	L NO		_ FAX:		
ADDRESS:	СОПИ	TY AUDITOR USE: DEPT – Key Code Secondary Reference:					
VENDOR NO.:	L		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	***	
the state of the s	ATTORNE	CERTIF	ICATION				
I, the undersigned attorney certify that the a State of Texas. The compensation and experiousel. I further swear or affirm that I have the accused, except as otherwise disclosed if Time Period of Services Rendered: From: Have previous youchers been submitted in the state of the	nses claimed we not received n writing to the to: to:	vere reasor nor will re e Court,	able and ne	cessary	to provid	le effectiv	e assistance of
Is this voucher for final payment?	S o NO	<u> </u>	natuun nu 3 1	Data		······································	<del></del>
		Sig	nature and l	vate .		···	
All itemized statements are subject to re-	view and fees n		s <b>ted by the C</b> enial or Variatio		ed on the	complexi	ty of the case.
AMOUNT APPROVED:		Excessive Houri	y request based on	prior court e	xpestance [	J Multiple C	ases/overlapping work
	0	insufficient do	cumentation		ľ	] Other	
PRESIDING JUDGE DAT	E	On and a d	luu Anna 1 aa - 1	-00 Diss.*	4 Clastitics		
APPROVED BY COUNCIL OF JUDGES 8.21.19		vecotaea	by: Anne Lorent	zen, Distric	a Clerk by D	eputy Clefk	(signature)

DETAILS OF SERVICES PERFORMED				
Date of Service	Description of Service	Page 2 of 2 Time		
In Court Services:				
		Total		
Out of Court Services:				
		Total		
Other Services and Reimbursable Expenses: (please attach proof and itemization.)				
(picase attach picos and nemization.)				
		Total		