

CPS Cases - Attorney Fee Voucher

33RD / 424TH Judicial District Courts

INSTRUCTIONS:

1. **SHOW ONLY ONE CASE PER VOUCHER.**
2. **ATTACH PAID INVOICES AND TIMESHEETS AS APPLICABLE.**
3. **FILL IN ALL APPLICABLE SECTIONS AND CERTIFY YOUR APPEARANCE.**

County		Cause Number		In the Interest of:			
Attorney (Full Name)			Attorney Address (Include Law Firm Name)			Telephone Number	
State Bar Number		Tax ID Number					Email Address
In Court Services				Hours	Dates	Total In Court Compensation.	
Rate per Hour = \$75.00		Total Hours (max = 10 hrs total per case) =					
Out of Court Services				Hours	Dates	Total Out of Court Compensation.	
Rate per Hour = \$75.00		Total hours (max = 10 hrs total per case) =					
Litigation Expenses					Amount	Total Litigation Expenses	
If an attachment to detail services is used, please indicate here and still show totals on this page, or if you have additional comments:						Total Compensation & Expenses Claimed \$	
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	
SIGNATURE OF PRESIDING JUDGE:						Amount Approved:	
						\$	
Reason(s) for Denial or Variation							