

ATTORNEY FEES EXPENSE VOUCHER
33RD/424TH JUDICIAL DISTRICTS AND COUNTY COURTS (updated 1/2024)

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. Other _____

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: \$ _____

FELONY & JUVENILE ADJ. SCHEDULE	✓	Std. Amt.	For Court's Use
Guilty Plea - State Jail		\$400	
Guilty Plea - All Other Felony		500	
Dismissal of Case		375	
Indictment Quashed		250	
Non-jury Trial - State Jail or Open Plea		400 per ½ day	
Non-jury Trial or Open Plea - All Other Felony		500 per ½ day	
Jury Trial - State Jail		500 per ½ day	
Jury Trial - All Other Felony		600 per ½ day	
Appeal - State Jail		1500 or \$140 hr with \$5,000 cap	
Appeal - All Other Felony		2500 or \$140 hr with \$ 5000 cap	
Revocations & Requests to Adjudicate (X2 If Contested Hearing)		400	
Writ Hearing – Contested		100	
Multiple Case Disposition, additional		250	
Juvenile Adjudication & Disp. - Plea		400	
Juvenile Adjudication & Disp. - Bench Trial		400 per ½ day	
Juvenile Adjudication - Jury & Disp.		500 per ½ day	
Juvenile Detention		100	

MISDEMEANOR SCHEDULE	✓	Std. Amt.	For Court's Use
Guilty Plea		\$325	
Dismissal of Case		125	
Information Quashed		150	
Non-jury Trial		450	
Open Plea to Court - Trial on Punishment		375	
Jury Trial		625	
Appeal		750	
Revocations & Requests to Adjudicate (X2 If Contested Hearing)		250	
Multiple Case Disposition, additional		100	

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	\$
TOTAL Approved and Payment Ordered	\$
Int: _____ 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: _____