

## **Model Attorney Fee Voucher**

The Task Force on Indigent Defense (Task Force) has developed a model payment voucher form. The form is intended to be instructional to assist counties formalize payment processes consistent with data elements required in statutes related to indigent defense. The Task Force realizes that many counties already have in place systems and forms that provide them with the necessary information. However, those that do not have a form or process may use this one as a model to develop a form that best meets the needs of the county and statutory reporting requirements. The counties are encouraged to download a version from the TFID website in MS Word that can be edited to fit the specific needs of the county.

The statute requires under Texas Code of Criminal Procedure §26.05 (b)-(c) that courts adopt a fee schedule and provide a form for itemization. The same section states that no payment shall be made until the itemized bill is submitted to the judge presiding over the proceedings and the judge approves the payment. Additionally, Texas Government Code §73.0351 (c) specifies data elements that must be reported to the Office of Court Administration by auditors or treasurers. Auditors/treasurers must report the total amounts expended for each district, county, and statutory county court:

- In cases for which a private attorney was appointed;
- In cases for which a public defender was appointed;
- In cases for which counsel was appointed for an indigent juvenile;
- Investigation expenses;
- Expert witness expenses; and
- Other litigation expenses.

This forms captures all of the required elements except the public defender element (which would be handled outside of the billing process). The form can be altered to accommodate other fields the county needs added. The form can also be used as a guideline to creating contract billing systems. The Task Force may adopt rules in the future to specify required data elements on all forms.

## Attorney Fee Voucher

1. Jurisdiction <input type="checkbox"/> District <input type="checkbox"/> County  <input type="checkbox"/> County Court at Law  Court # _____	2. County _____	3. Cause Number _____ _____ _____ _____	Offense _____ _____ _____ _____	4. Proceedings <input type="checkbox"/> Trial-Jury <input type="checkbox"/> Trial-Court  <input type="checkbox"/> Plea-Open <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"/> Appeal <input type="checkbox"/> Capital Case  <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. Fax _____
<b>12. Flat Fee – Court Appointed Services</b>				12a. Total Flat Fee \$ _____
13. <b>In Court Services</b>				13a. Total In Court Compensation.  \$ _____
		Hours	Dates	
Rate per Hour =	Total hours			
14. <b>Out of Court Services</b>				14a. Total Out of Court Compensation.  \$ _____
		Hours	Dates	
Rate per Hour =	Total hours			
15.	<b>Investigator</b>		Amount	15a. Total Investigator Expenses \$ _____
16.	<b>Expert Witness</b>		Amount	16a. Total Expert Witness Expenses \$ _____
17.	<b>Other Litigation Expenses</b>		Amount	17a. Total Other Litigation Expenses \$ _____
18. Time Period of service Rendered: From _____ Date to _____ Date				
19. Additional Comments _____				20. Total Compensation and Expenses Claimed \$ _____
21. 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 _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> <span>Signature</span> <span>Date</span> </div>				
22. SIGNATURE OF PRESIDING JUDGE: _____				Amount Approved: _____
Reason(s) for Denial or Variation _____				