

ATTORNEY FEE VOUCHER GALVESTON COUNTY

Disposition Date: ___/___/___

District Court # _____
County Court at Law # _____

Cause #/Offense _____
Cause #/Offense _____
Cause #/Offense _____
Cause#/Offense _____
Cause#/Offense _____

- Trial – Jury Hired New Counsel
 Trial – Court Atty. Withdrawn
 Plea Atty. Removed
 Dismissed No-Billed
 Dism/Red to Misd. # _____

STYLE: State of Texas v. _____

Offense Level: Felony Misdemeanor Juvenile Appeal Capital – Death Penalty Capital – Non-Death MRP – Felony MRP-Misdemeanor

Attorney (Full Name-PRINT ONLY): _____ Telephone # _____

Street Address: _____ Fax # _____ BAR# _____

City/State/Zip _____

Time Period for Services Rendered: Beginning ___/___/___ through ___/___/___

Flat Fee – Court Appointed Services	<input type="checkbox"/> Jail Docket	Week	*required information # Cases Disposed	\$950.00	\$
In Court Services: (Includes Plea, Dismissal, No-Billed, etc. in accordance with adopted fee schedule and rate of \$65.00 per hour)	Brief Description	Hours	Dates	Rate	Total

Out of Court Services:	Brief Description	Hours	Dates	Rate	Total

Total from Additional Pages:					
Other Allowable Expenses:	Brief Description	Cost	Date		Total

Investigator: SUBMIT BILL FROM INVESTIGATOR To be paid by: County Attorney \$ _____

Expert Witness: SUBMIT BILL FROM EXPERT/DOCTOR/OTHER To be paid by: County Attorney \$ _____

Pysc. Evaluation: SUBMIT BILL FROM DOCTOR To be paid by: County Attorney \$ _____

Monies Received from Defendant or on behalf of Defendant: (MINUS) \$ _____

Final Payment Partial Payment (allowed in special cases only, with Judge's approval)
TOTAL COMPENSATION AND EXPENSES CLAIMED(do not include amounts to investigators, experts, etc. to be paid by County) \$ _____
REQUEST PAYMENT BE MADE BY: CHECK CREDIT CARD

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 counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered to practice as an attorney in the State of Texas.

Attorney Signature: _____ Date: ___/___/___

Signature of Presiding Judge: _____ Date: ___/___/___ \$ _____

TOTAL ALLOWED

REASON FOR DENIAL OR VARIATION: _____ **FORM GC#8**

*required information-show the total number of cases you disposed of at jail docket during this period. If you were assigned a case, but did not dispose of that case on jail docket and will be billing for services at final disposition, do not include that case in your count.