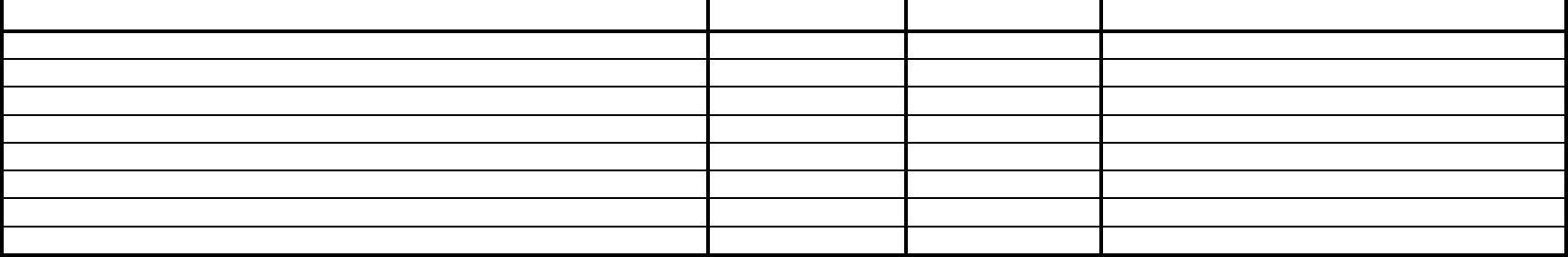
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS** | | | | | | | | |  |  |  | **JUDICIAL DISTRICT** | | |
|  | 1st Degree Felony |  |  |  |  | Misdemeanor |  | |  | STATE OF TEXAS | | |  |  |  |
|  | 2nd Degree Felony |  |  |  |  | Capital |  | |  | VS. | |  | CASE No. |  | |
|  | 3rd Degree Felony |  |  |  |  | Death |  | |  |  |  |  |  |  |  |
|  | State Jail Felony |  |  |  |  | Appeal |  | |  |  |  |  | JIMS No. |  | |
|  |  |  |  |  |  | Civil | | | |  |  |  |  |  |  |
|  | ATTORNEY |  |  |  |  |  |  |  |  | **FOR COUNTY AUDITOR'S OFFICE USE ONLY** | | | | | |
|  | ADDRESS |  |  |  |  |  |  |  |  | Atty Fee Number |  |  |  | **Date Entered** | |
|  |  |  |  |  |  |  |  |  |  | Vendor Number |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Trans Code: | | **200** |  |  |  |
| This case is set for: | |  |  |  |  |  |  |  |  | Index & Sub-Obj: | | **COUNCIL-6856** |  |  |  |
| at | |  | m. in | | |  |  | Court. | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **CLAIM FOR SERVICES OR EXPENSES** | | | | | | |  |  |  |
|  |  |  | **Service IN Court** | | |  |  |  |  | **Date** |  | **Hours/Tenths** | **This area for Auditor use only** | | |
| A. Arraignment | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| B. Bond / Bail | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C. Examining Trial | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D. Habeas Corpus | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E. Judge's Conference | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| F. Pre-trial Motions | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| G. Trial/Plea | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H. New Trial Motions | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I. Revocation | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| J. Other | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **Total Time: 0** | | |
|  | **Multiply total in court time by $90.00 per hour,** | | | | | | | | | **Total IN Court Claim: $0.00** | | | |  |  |
|  |  | | | | | | | | |  | |  |  | |  |
|  | **Service OUT of Court** | | | | | | | | | **Date** | | **Hours/Tenths** | **This area for Auditor use only** | | |



1. Interviews and Conferences
2. Obtaining and reviewing records
3. Legal research and writing
4. Other

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  | **Total Time: 0** | | |  |  |
|  |  | **Multiply total out of court time by $75.00 per hour,** | | | | | **Total OUT of Court Claim: $0.00** | | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **COURT APPROVED REIMBURSABLE EXPENSES** | | | | | |  |  |
| O. Long distance telephone service | | | | | | |  |  | **\*\* NOTE \*\*** | | | | |
| P. Copies | |  |  |  |  |  |  | **All receipts for reimbursable items R,S, and T must be** | | | | | |
| Q. Photographs | | | | | | |  | **attached.** | | | |  |  |
| R. Witness fee \*\* | | | | | | |  | **Total Expenses: $0.00** | | | |  |  |
| S. Travel \*\* | |  |  |  |  |  |  |  |  |  |  |  |  |
| T. Mileage to / from Jail Annex .40 cents a mile \*\* | | | | | | |  | **Total Claim: $0.00** | | | |  |  |
|  |  | **ATTORNEY CERTIFICATION** | | | | |  | **ORDER APPROVING PAYMENT** | | | | | |
| **I swear and affirm the truth and correctness of the above** | | | | | | | **The above voucher is approved to the amount of** | | | | | | |
| **statement.** | | **I CERTIFY THAT I HAVE NOT SUBMITTED ANY** | | | | |  |  |  |  |  |  |  |
| **OTHER VOUCHER ON THIS CASE OR; I CERTIFY I HAVE** | | | | | | |  |  |  |  |  |  |  |
| **FILED A VOUCHER FOR** | | | | | | |  |  |  |  |  |  |  |
| ON | | , 20 | | |  |  | JUDGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | DATE: \_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |  |  |  |  |  | Excess payment approval | | | |  |  |
|  | Attorney Signature | |  | | | |  |  |  |  |  |  |  |
|  | State Bar No. | |  | | | | JUDGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | DATE: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date of Appointment | | |  | | | |  |  |  |  |  |  |  |
|  |  | **E-mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  |  |  |  |  |  |



I further certify that no other funds from any other source have been received as payment on this case.

I further certify that any other funds received from any other source in payment on this case are fully disclosed and attached.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COUNCIL OF JUDGES ADMINISTRATION** | | | **ATTORNEY REQUIREMENTS-PROCESS FOR PAYMENT** | |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (1) Original to Court for signature, (2) Original and 1 copy to the Council of Judges Administration, (3) Council of | |  | |
|  | Judges Administration signs off on voucher and retains a copy to be forwarded to the District Clerk, (4) After | |  | |
| Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | process is completed, attorney can leave original voucher with the Council of Judges to forward to Auditors | |  | |
| office or attorney can hand carry voucher to Auditors office for payment. | |  | |
|  |  | |

**Voucher for services on criminal cases must be submitted within 45 days after final court appearance. Failure to comply will result in forfeiture of fee.**

**THE COURT APPROVES PAYMENT OF A VOUCHER ON CONDITION UPON DEFENDANT'S COUNSEL HAVING FILED A CURRENT SENATE BlLL 7 AFFIDAVIT WITH THE COUNCIL OF JUDGES ADMINISTRATION.**

**EFFECTIVE FOR APPOINTMENTS MADE AFTER SEPTEMBER 1, 2014.**