

BEXAR COUNTY COURTS AT LAW

MISDEMEANOR VOUCHER

Cause No(s) _____ Court _____
 State vs. _____ SID No. _____
 Offense _____ Off. date¹ _____
 Total number of cases disposed _____

In the above numbered and entitled cause(s) I, the undersigned attorney, represent to the court that the following are true and correct: 1) I am in good standing with the State Bar of Texas and have met all of the qualifications required to accept appointments in the County Courts at Law system of Bexar County. 2) I swear and affirm that I rendered all services to the defendant in the disposition of this cause, which were reasonable and necessary. 3) I have complied with all the requirements of the Texas Fair Defense Act.

Final case disposition: Plea Trial Dismissal Appeal Attorney Released

First contact with client pursuant to TX SB7: Date: _____ Method of Contact: _____

Fixed Rates:

	Prior to	Post
	5/1/2023	5/1/2023
<input type="checkbox"/> Attorney released for good cause shown prior to disposition ²	\$50	\$50
<input type="checkbox"/> Plea and Sentence ²	\$180	\$300
<input type="checkbox"/> Dismissal / PTD dismissal / Specialty court admission ²	\$180	\$300
<input type="checkbox"/> Dismissal on day of trial (jury not empaneled) ²	\$180	\$500
<input type="checkbox"/> Disposition of motion to revoke probation ²	\$100	\$150
<input type="checkbox"/> Contested motion to revoke probation/adjudicate guilt ² (sworn testimony required)	\$100	\$250
<input type="checkbox"/> PTD / Specialty court program removal – Sentencing ²	-	\$100
<input type="checkbox"/> Case disposed by a finding of incompetency ²	-	\$350
<input type="checkbox"/> Jury or non-jury trial before the court (includes motions, preparations & trial time)	\$750	\$750
<input type="checkbox"/> Appeal to the Fourth Court of Appeals	\$750	\$750

Additional Fees:

	Prior to	Post
	5/1/2023	5/1/2023
<input type="checkbox"/> Initial Jail Visit (<u>must attach Attorney Visit Certification Form</u>)	\$50	\$100
<input type="checkbox"/> Auxiliary court bond hearing - Single defendant	\$40	\$100
<input type="checkbox"/> Motion/habeas for bond matters (ruling required, additional \$50 with sworn testimony)	-	\$100
<input type="checkbox"/> Contested motion(s) hearing (additional \$50 with sworn testimony)	-	\$100
<input type="checkbox"/> Motion to suppress with live testimony (held outside trial)	\$100	\$250
<input type="checkbox"/> Uncontested competency/sanity disposition hearing (additional \$50 for a contested hearing)	-	\$100
<input type="checkbox"/> Competency/sanity disposition without trial	-	\$100
<input type="checkbox"/> Post-acquittal expunctions filed within 30 days	\$150	\$150
<input type="checkbox"/> Board Certified Attorney Bonus	-	\$100

¹**Offense Date** - Enter the offense date of the case. If multiple cases for a defendant, enter the most recent offense date being disposed for the defendant. Vouchers with the most recent offense date occurring prior to 5/1/2023 will utilize the "Prior to 5/1/2023" schedule and vouchers with an offense date that occurred on or after 5/1/2023 will utilize the "Post 5/1/2023" schedule.

²**Additional Cases** - Only one case per defendant may be charged at the full flat fee and any additional cases disposed (including MTR's and MTEAG's) may claim the additional case fee; vouchers with the most recent **offense date prior to 5/1/2023, may claim \$25 for each additional case** disposed and vouchers with the most recent **offense date on or after 5/1/2023 may claim \$50 for each additional case**.

I RESPECTFULLY REQUEST PAYMENT IN THE TOTAL AMOUNT OF: \$ _____.

PAY TO (ATTORNEY NAME)	BAR NO.
MAILING ADDRESS	PHONE NO.
SIGNATURE AS VERIFICATION OF CLAIM ACCURACY:	

Attorney

Date

Judge Presiding

Amount Approved

Date

THE STATE OF TEXAS

§

IN THE COUNTY COURT

vs.

§

AT LAW NO. ____

§

BEXAR COUNTY, TEXAS



ATTORNEY VISIT CERTIFICATION

To request the Initial Jail Visit fee in any court appointment voucher, this form must be completed in its entirety and submitted at the same time as the Claim for Payment and Reimbursement of Court Appointed Counsel. The Initial Jail Visit fee can only be claimed once per voucher for the initial visit with the defendant.

I hereby swear or affirm that pursuant to the requirements of SB7, I visited in person with:

Defendant Name: _____

SID Number: _____

Date of Visit: _____

Method of Visit: _____

By my signature below, I certify that the information in this certification is true and correct.

Attorney Signature

Date

Bar Number