

# BEXAR COUNTY COURTS AT LAW – MISDEMEANOR VOUCHER

## ITEMIZATION FOR DRIVING WHILE INTOXICATED AND FAMILY VIOLENCE CASES

Cause No(s) \_\_\_\_\_ Court \_\_\_\_\_  
 State vs. \_\_\_\_\_ SID No. \_\_\_\_\_  
 Offense \_\_\_\_\_ Off. date<sup>1</sup> \_\_\_\_\_  
 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 of the requirements of the Texas Fair Defense Act.

**Final Case Disposition:**    Plea    Trial    Dismissal    Appeal    Attorney Released

Itemization <sup>1</sup> (Additional worksheets can be attached if more space is needed)	Hours <sup>2</sup>	Rate	Total
1. _____	_____	\$75/hr	\$ _____
2. _____	_____	\$75/hr	\$ _____
3. _____	_____	\$75/hr	\$ _____
4. _____	_____	\$75/hr	\$ _____
5. _____	_____	\$75/hr	\$ _____
6. _____	_____	\$75/hr	\$ _____
7. _____	_____	\$75/hr	\$ _____
8. _____	_____	\$75/hr	\$ _____
9. _____	_____	\$75/hr	\$ _____
10. _____	_____	\$75/hr	\$ _____
11. _____	_____	\$75/hr	\$ _____
12. _____	_____	\$75/hr	\$ _____
13. _____	_____	\$75/hr	\$ _____
14. _____	_____	\$75/hr	\$ _____
15. _____	_____	\$75/hr	\$ _____
<b>TOTAL</b>	_____	\$75/hr	\$ _____

<sup>1</sup>Hourly fee for time spent prior to trial is \$75 per hour.  
<sup>2</sup>Rounded to the next 0.25 hour, with a maximum of 8 hours total)

**Fixed-rate fees (in addition to itemization fees above):**

- Initial Jail Visit (must attach Attorney Visit Certification form) \$ 100
- Board Certified Attorney Bonus \$ 100
- Jury trial or non-jury trial before the Court \$ 750
- Post-acquittal expunctions filed within 30 days \$ 150

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

<b>PAY TO (ATTORNEY NAME)</b>	<b>BAR NO.</b>
<b>MAILING ADDRESS</b>	<b>PHONE NO.</b>

\_\_\_\_\_  
 Attorney \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Judge Presiding \_\_\_\_\_ \_\_\_\_\_  
 Amount Approved Date