



WEBB COUNTY

Business Office

Attorney Fee Vouchers

All court-appointed attorney fees must be paid in accordance with a schedule of fees adopted by formal action of the local judges. Attorney fees cannot be paid until a voucher is submitted itemizing the legal services provided, and approved by the judge. If a judge disapproves an attorney's fee request, the judge must make written findings stating the amount approved and the reason for disapproving the requested amount.

The voucher must have the following information:

- Jurisdiction
- County
- Cause Number
- Proceedings
- Defendant's Name
- Case Level
- Attorney's Information (Name, State Bar Number, Tax ID Number & Address)
- Time Period of Service Rendered
- Judge's Signature
- Amount Approved
- G/L Account Number

In order to process this claim, the Accounts Payable Specialist must verify the following before processing:

- Verify the vendor history for any duplicates.
- Verify if the claim is a partial or final payment
 - If it is a partial payment, then the number of payments should be added at the end of the invoice number (2, 3, 4).

This type of claims are to be entered manually as follows:

- Functional Department
 - Department varies under the jurisdiction
- Vendor Number
- Date and Due Date
 - Under box 18. Time Period of Service Rendered: From _____ to , use the end date if provided.
 - If box 18 is not filled, use the plea date shown on the Register of Actions.
- Item
 - Court Appointed Attorney
 - Indigent Defense
- Description

- Defendant's Name
- If the defendant's it's a minor or juvenile, use the initials of their names (A.B.C. MINOR or A.B.C. JUVENILE).
- Amount
 - Amount approved by the Judge.
- G/L Account
- Invoice Number
 - Case Number
 - If partial payment is to be processed, add number payment (2,3,4..)
 - If case is dismissed, add a "D" at the beginning.
 - Booking Number
 - Add an "M" or "F" at the beginning for the type of degree charges.

Attorney Fee Voucher

[Print Form](#)

Webb County Request for Payment of Attorney Fees

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 1 <input type="checkbox"/> Felony 2 <input type="checkbox"/> Felony 3 <input type="checkbox"/> Felony 3g <input type="checkbox"/> State Jail 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 _____
12. Flat Fee - Court Appointed Services				12a. Total Flat Fee \$ _____
13. In Court Services		Hours	Dates	13a. Total In Court Compensation. \$ _____
Rate per Hour - _____ Total hours _____				
14. Out of Court Services		Hours	Dates	14a. Total Out of Court Compensation. \$ _____
Rate per Hour - _____ Total hours _____				
15. Investigator		Amount	15a. Total Investigator Expenses \$ _____	
16. Expert Witness		Amount	16a. Total Expert Witness Expenses \$ _____	
17. Other Litigation Expenses		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 Signature _____ Date _____				
22. SIGNATURE OF PRESIDING JUDGE: _____				Amount Approved: _____
Reason(s) for Denial or Variation _____				
23. APPROVAL FOR PAYMENT		Auditor's Signature _____	Date _____	G/L Account No. _____