

Attorney Fee Voucher

Burnet County Court At Law

CHOOSE ONE: <input type="checkbox"/> FINAL PAYMENT <input type="checkbox"/> PARTIAL PAYMENT		CHOOSE ONE: <input type="checkbox"/> CUSTODIAL PARENT <input type="checkbox"/> NON-PARENT CONSERVATOR <input type="checkbox"/> OTHER <input type="checkbox"/> NON-CUSTODIAL PARENT <input type="checkbox"/> CHILD(REN)			
County	Cause Number	Style of Case			
Attorney (Full Name)		Attorney Address (Include Law Firm Name)		Telephone Number	
State Bar Number	Tax ID Number			Email Address	
In Court Services			Hours	Dates	Total In Court Compensation
Rate per Hour =			Total Hours =		
					\$
Out of Court Services			Hours	Dates	Total Out of Court Compensation
Rate per Hour =			Total Hours =		
					\$
Litigation Expenses				Amount	Total Litigation Expenses
				\$	
INVOICE MUST BE ATTACHED					Total Compensation & Expenses Claimed \$
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.					
_____ Signature			_____ Date		
SIGNATURE OF PRESIDING JUDGE:					Amount Approved: \$
Reason(s) for Denial or Variation					

INSTRUCTIONS:

1. SHOW ONLY ONE CASE PER VOUCHER
2. ATTACH PAID INVOICES AND TIMESHEETS
3. FILL IN ALL APPLICABLE SECTIONS AND CERTIFY YOUR APPEARANCE
4. EFILE VOUCHER WITH INVOICE INTO CASE FOR PROCESSING