

#### 38<sup>TH</sup> JUDICIAL DISTRICT MEDINA, REAL & UVALDE COUNTIES COURTHOUSE SQUARE #17 UVALDE, TX 78801 [830]-278-3913 FAX [830]-278-7502

### ATTORNEY VERIFICATION

# ARTICLE 26.04(j) (1), CODE OF CRIMINAL PROCEDURE STATES:

(j) An Attorney appointed under this article shall:
(1) Make every reasonable effort to contact the defendant no later than the end of the first working day after the date on which the attorney is appointed and to interview the defendant as soon as practical after the attorney is appointed.

# \*\* INFORMATION BELOW MUST BE FILLED OUT COMPLETELY \*\*

SIGNATURE OF DEFENDANT [if personal contact was made]	SIGNATURE OF ATTORNEY
PRINTED NAME OF DEFENDANT	PRINTED NAME OF ATTORNEY
WHOM I WAS APPOINTED TO REPRESENT	LON
CAUSE # [If indicted]:	CHARGED WITH
	CONCLIT TEN TO THE
ON THIS THE DAY OF	, 20, ATA.M./P.M.

PLEASE FAX OR MAIL THIS FORM TO THE ABOVE ADDRESS, TO ACKNOWLEDGE THAT YOU HAVE MADE CONTACT WITH THE DEFENDANT, IN PERSON OR BY MAIL, BY THE END OF THE FIRST WORKING DAY FOLLOWING RECEIPT OF THE APPOINTMENT NOTIFICATION.

#### **Attorney Fee Voucher**

1. Juris	diction trict	2. County	3. Cause Number	Offense	4. Proceedings ☐Trial-Jury ☐Trial-Court	
□Cou	nty Court at Law					
Court #	<u> </u>				Other	
5. In th	e case of:	State of Texas v	-1		· ·	
☐ Feld	Level and Fee electiony Misdemean	on: or	ppeal			
Rev	rocation – Felony	Revocation – Misdem	eanor No Charges Filed [	Other		
7. Attorney (Full Name)			9. Attorney Address (In Applicable)	9. Attorney Address (Include Law Firm Name if Applicable)		
8. State	: Bar Number	8a. Tax ID Number				
12. Fla	t Fee – Court Appoi	nted Services			12a. Total Flat Fee	
					<u> </u>	
13.	In Court Services		Hours	Dates	13a. Total In Court Compensation.	
	Rate per Hour =	Total hours			<u> </u>	
14.	Out of Court Serv	vices	Hours	Dates	14a. Total Out of Court Compensation.	
					Compensation.	
	Rate per Hour =	Total hours			s	
15.	Investigator			Amount	15a. Total Investigator Expenses \$	
16.	Expert Witness			Amount	16a, Total Expert Witness Expenses \$	
17.	7. Other Litigation Expenses			Amount	17a. Total Other Litigation	
	<del></del>		· · · · · · · · · · · · · · · · · · ·		Expenses \$	
18. Time Period of service Rendered: From to						
19. <b>Ad</b>	ditional 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.						
Fine	il Payment   Partial	Parment				
Final Payment Partial Payment Signature					Date	
22. SIGNATURE OF PRESIDING JUDGE:					Amount Approved:	
Reason(s) for Denial or Variation						