MAC

FLAT FEE ATTORNEY VOUCHER

Revised 7/7/25

1. Jurisdiction Court #	2. County □ Potter □ Armstrong	3. Cause No(s)	□ Trial □ Withdraw/Sub □ Plea Bargain □ Dismissed □ No Charge Accepted

5. Style: State of Texas v.

6. Attorney (Full Name) Telephone Number

7. Degree of Offense – Principal Matter. *If charge is enhanced, choose degree of felony that corresponds to enhanced punishment range.*
□ $500 Misdemeanor/State Jail
□ $700 3rd Degree Felony
□ $1000 2nd Degree Felony
□ $1500 1st Degree Felony

8. Other Dispositions:
□ $200.00 No Charge Accepted
□ Withdrew; *Also check corresponding Degree of Offense in Section #7*
□ Dismissed as resolution; *Also check corresponding Degree of Offense in Section #7*
□ Total Number of Trial Days _____ @ $1200.00/Day - $600/half-day = $

9. For i) **ALL Counts** in a Charging Instrument,
ii) all ***Separate*** Charging Instruments charging additional Misdemeanors or SJFs, and
iii) all ***Separate*** Charging Instruments charging 3rd degree or greater felonies **arising out of the SAME "criminal episode." Tex.P.Code §3.01.***

□ Additional Counts included in this Voucher _____ @ $200/Additional Count = $ _____
Additional Charging Instruments included in this Voucher _____ @ $200/Additional Charge = $ _____
List Additional Cause Numbers:_____
Cause Numbers:_____

10. For additional Charging Instruments **NOT** arising out of the same "criminal episode." Tex.P.Code §3.01 * -----
NOTE: ***APPLIES ONLY TO ADDITIONAL 3rd DEGREE OR GREATER FELONY CHARGES.***
□ Additional Charging Instruments included in this Voucher _____ @ $600/Charge = $ _____
List Additional Cause Numbers:_____
Cause Numbers:_____

11. **Revocations:** $500 □ Felony or □ Misdemeanor = $
□ Additional Separate Motions included in this Voucher _____ @ $200/ Additional Motion = $

12. Expenses: Copies @10¢ = $ / Other Receipted Expenses $ Total Exp: $

13. Time Period of Services: From:_____to_____ Total Fees Requested: $ _____

Total Compensation Requested: $ _____

14. **Attorney Certification -** *I, the undersigned attorney, certify that the above information* is *true and correct and in accordance with the terms of the applicable Court Plan and the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel.*

Attorney Signature: Date:

15. Signature of MAC Director: 16. Amount Approved $

17. Reason(s) for Denial or Variation

Tex.P.Code §3.01.* *"Criminal Episode"*** *means the commission of two or more offenses, regardless of whether the harm* is *directed toward or inflicted upon more than one person or item of property, under the following circumstances:*

(1) *the offenses are committed pursuant to the same transaction or pursuant to two or more transactions that are connected or constitute a common scheme or plan; or*

(2) *the offenses are repeated commission of the same or similar offenses.*