



VOUCHER

COURT APPOINTED ATTORNEY

TO THE COMMISSIONERS' COURT
OF WILLIAMSON COUNTY, TEXAS

Choose Court and Judge:

PAY TO:

Federal Identification Number

or

Social Security Number

Is Firm a Corporation? Yes
 No

Complete Appropriate Style

Cause No: _____ Cause No: _____ IN THE MATTER OF <input type="text"/> Family Cases	Cause No: _____ IN THE INTEREST OF <input type="text"/> A Mentally Ill Person (initials only)	Cause No: _____ Cause No: _____ Cause No: _____ THE STATE OF TEXAS VS. <input type="text"/> Criminal Cases
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Number of Court Appearances: _____

Number of Office Hours: _____

Expenses: _____

IN ADDITION to the above, please attach an itemized statement.

RETURN TO:

Judge, County Court at Law #
Williamson County Justice Center
405 Martin Luther King, Box
Georgetown, Texas 78626

I hereby approve payment for the above cause in the amount of \$ _____

_____, Judge County Court at Law # _____, Williamson County, Texas Date: _____	Budget Line Item: _____
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