



Judge John McMaster  
Williamson County Court at Law No. 4

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COURT APPOINTED ATTORNEY VOUCHER  
(MENTAL HEALTH)

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ATTACH AN ITEMIZED STATEMENT

AND

**Return to:**

County Court at Law No. 4  
Williamson County Justice Center  
405 Martin Luther King  
Georgetown, Texas 78626  
SThreadgill@wilco.org

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Pay to:

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

(If applicable)

Address: \_\_\_\_\_

\_\_\_\_\_

Cause No. \_\_\_\_\_

FOR THE BEST INTEREST AND PROTECTION OF

\_\_\_\_\_  
INITIALS ONLY

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

Budget line item 0100-0425-004136.

Date: \_\_\_\_\_

\_\_\_\_\_  
John B. McMaster