

COURT APPOINTED ATTORNEY PAYMENT VOUCHER
JUVENILE
277th DISTRICT COURT

TO THE COMMISSIONERS COURT
OF WILLIAMSON COUNTY, TEXAS

Attorney Name: _____

Firm Name: _____

(if different from Attorney Name)

Address: _____

Email: _____

Phone Number: _____

_____ Last 4 digits of Federal Identification Number

or

_____ Last 4 digits of Social Security Number

Is firm a corporation? Yes No

Line Item No. 01-0100-0435-004133

Cause No. _____

Cause No. _____

In the Matter of

In the Interest of

_____ Juvenile

_____ Ad Litem

Details of work completed (or attach billing statement):

I certify the above information is true and accurate.

_____ Attorney Signature

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

Approval Date: _____.

_____ Judge Stacey Mathews
277th District Court