Galveston County Fee Vouchers Submitted by Mark Stevens for Criminal Appointments Signed by Judge Cox

GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v Jeff GRAINGER Services Rendered: Beginning 11/14/14 through 1/12/15

District Court # 56th
County Court #_____
Case#/Offense 14CR3398 / Poss C-S
Case#/Offense _____/_____
Case#/Offense _____/_____

Disposition Date: 1/12/15
Trial – Jury
Plea
Non-Trial
Trial Court Dismissed
Dism/Reduced
Hired New Counsel
Atty Withdrawn
Atty Removed

V OFFENSE LEVEL: Felony 1 (○) Felony 2 or 3 (○) Capital-Death Penalty (○) Capital-Non Death (○) MRP-Felony (○) Misd (○) MRP-Misd (○) Appeal (○) Juvenile

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

Brief Description	Out of Court V(check)	In Court V(check)	Date	Number Hours	Rate V(check)	Total
					○ $66.00 ○ $76.00-F1	$
Attached	X		Attached	1.3	X $66.00 ○ $76.00-F1	$ 85.80
					○ $66.00 ○ $76.00-F1	$
Attached		X	Attached	3.4	X $66.00 ○ $76.00-F1	$ 211.20
					○ $66.00 ○ $76.00-F1	$
TOTAL 1						T1 $ 297
Misd. Plea/Dismissed w/Felony List case numbers at top of form				Quantity	$50.00	$
TOTAL 2						T2 $

Other Allowable Expenses Brief Description	Date	Quantity	Cost	Total
TOTAL 3				T3 $

TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD PARTY (MINUS) T4 $ 0

TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) – (T4) $ 297.--

IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided.
If listing a NEW ADDRESS, you must complete and attach a new W9.

PEID #: 194514 You must PRINT LEGIBLY

PRINT NAME	ADDRESS	CITY	ST.	ZIP
Mark W. Stevens	PO Box 8118	Galveston	TX	77553
PHONE NUMBER	**FAX NUMBER**	**TAX ID/SS#**		**BAR NUMBER**
409 765 6306	409 765 6469	[illegible]		19184300

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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature Date:

AUTHORIZATION

Signature of Presiding Judge: [signature] Date: 1/12/15 $297.00

Signature of Presiding Judge: Date: / / AMOUNT ALLOWED

(2nd signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, pleas to a lesser charge. Submit to District Court first, if approved, submit to County Court for approval)

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED V PAID:

ADMINISTRATION ONLY BELOW THIS LINE

CR#. 564007 CR. 504476 DATE COMPLETED INITIALS:

GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v. Miles C Schack Services Rendered Beginning 9 / 2 / 14 through 1 / 30 / 15

District Court # 56 Case#/Offense 14CR2418 / Poss/CS
County Court # Case#/Offense / Reduced
Case#/Offense

Disposition Date: 1 / 30 / 15
Trial-Jury / Plea / Bond Fcd / Trial-Court / Dismissed / Dism/Reduced / Hired New Counsel / Atty Withdrawn / Atty Removed

OFFENSE LEVEL: Felony 1 / Felony 2 or 3 / Capital-Death Penalty / Capital-Non Death / MHP-Felony / Misd / MHP-Misd / Appeal / Juvenile

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

Brief Description	Out of Court √(check)	In Court √(check)	Date	Number Hours	Rate √(check)	Total
Attached		✓	Attached	1.9	● $66.00 ○ $76.00-F1	$125.40
					○ $66.00 ○ $76.00-F1	$
Attached	✓		Attached	1.9	● $66.00 ○ $76.00-F1	$125.40
					○ $66.00 ○ $76.00-F1	$
					○ $66.00 ○ $76.00-F1	$
TOTAL 1						T1 $
Misd. Plea/Dismissed w/Felony				Quantity		
List case numbers at top of form					$50.00	$
TOTAL 2						T2 $

Other Allowable Expenses Brief Description	Date	Quantity	Cost	Total
TOTAL 3				T3 $

TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD PARTY (MINUS) T4 $

TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) – (T4) $ 250.80

IMPORTANT: The following attorney information is required and your claim will not be paid unless comp ete information is provided.
If listing a NEW ADDRESS, you must complete and attach a new W9.

PEID #: 19451 4 You must PRINT LEGIBLY JAN 30 4 10:13

PRINT NAME	ADDRESS	CITY	ST.	ZIP
Mark W. Stevens	PO Box 8118	Galveston	TX	77553

PHONE NUMBER	FAX NUMBER	TAX ID/SSN	BAR NUMBER
409 765 6306	409 765 6469		19184300

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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature: [signature] Date: 1-30-15

AUTHORIZATION

Signature of Presiding Judge: [signature] Date: 1 / 30 / 15 $ 250.80

Signature of Presiding Judge: Date: / / AMOUNT ALLOWED

(2nd signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, pleas to a lesser charge. Submit to District Court first, if approved, submit to County Court for approval)

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED V PAID.

VOID

ADMINISTRATION ONLY BELOW THIS LINE

CR#: 504460 CH: 504826 DATE COMPLETED: INITIALS:

GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v Joshua Diaz — Services Rendered: Beginning 7/16/14 through 2/2/15

District Court # 56th — Case#/Offense 14CR1889 / Sex Abuse/Ch — Disposition Date: 2/2/15

County Court # ____ — Case#/Offense Reduced to Enticing — [X] Trial-Jury [ ] Plea [ ] No Bill [ ] not Guilty [ ] Dismissed [ ] Exam/Reduced [ ] Hired New Counsel [ ] Atty Withdrawn [ ] Atty Removed

V OFFENSE LEVEL: ( ) Felony 1 (X) Felony 2 or 3 ( ) Capital-Death Penalty ( ) Capital-Non Death ( ) MRP Felony ( ) Misd ( ) MRP Misd ( ) Appeal ( ) Juvenile

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

Brief Description	Out of Court v(check)	In Court v(check)	Date	Number Hours	Rate v(check)	Total
Attached		X	Attached	2.6	(X) $66.00 ( ) $76.00-F1	$ 171.60
Attached	X		Attached	8.1	(X) $66.00 ( ) $76.00-F1	$ 534.60
					( ) $66.00 ( ) $76.00-F1	$
					( ) $66.00 ( ) $76.00-F1	$
TOTAL 1						T1 $ 706.20
Misd. Plea/Dismissed w/Felony List case numbers at top of form				Quantity	$50.00	$
TOTAL 2						T2 $

Other Allowable Expenses Brief Description	Date	Quantity	Cost	Total
TOTAL 3				T3 $

TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD PARTY (MINUS) T4 $

TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) – (T4) $ 706.20

IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided. If listing a NEW ADDRESS, you must complete and attach a new W9.

PEID #: 194514 — You must PRINT LEGIBLY

PRINT NAME	ADDRESS	CITY	ST.	ZIP
Mark W. Stevens	PO Box 9118	Galveston	TX	77538
PHONE NUMBER	**FAX NUMBER**	**TAX ID/SS#**		**BAR NUMBER**
409 765 6306	409 765 6469			19134300

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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature: Date:

AUTHORIZATION

Signature of Presiding Judge: Date: 2/2/15 — $706.20

Signature of Presiding Judge: Date: / / — AMOUNT ALLOWED

2 signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, pleas to a lesser charge. Submit to District Court first, if approved, submit to County Court for approval.

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED V PAID.

ADMINISTRATION ONLY BELOW THIS LINE

CR# 501460 CH# 504826 DATE COMPLETED INITIALS:

GALVESTON COUNTY ATTORNEY FEE VOUCHER
JAIL DOCKET ONLY

V OFFENSE LEVEL: (✓) Felony ( ) Misd COURT NUMBER: 56th

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

DATE	Rate √(check)		Total	LIST CASE NUMBERS	LIST CASE NUMBERS
3-2-15	( ) $200.00 (✓) $230.00-F		$ 230.-	15CR0575	
3-3-15	( ) $200.00 (✓) $230.00-F		$ 230.-	15CR0573	
3-4-15	( ) $200.00 (✓) $230.00-F		$ 230.-	15CR0574	
3-5-15 (NO hearing)	( ) $200.00 ( ) $230.00-F		$ —	15CR0560	
3-6-15	( ) $200.00 (✓) $230.00-F		$ 230.-		
TOTAL 1			T1 $		
	# Days	X			
Only Attorney Appearing		$100.00	$		
TOTAL 2			T2 $		
TOTAL CLAIM (T1 + T2)			$ 920.-		

IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided.
If listing a NEW ADDRESS, you must complete and attach a new W9.
You must PRINT LEGIBLY

PEID #: 194514

PRINT NAME	ADDRESS	CITY	ST.	ZIP
Mark A. Stevens	PO Box 15	Galveston	TX	77553
PHONE NUMBER	**FAX NUMBER**	**TAX ID/SS#**	**BAR NUMBER**	
409-765-6306	409-765-6449	——— 9766	17184300	

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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature: [signature] Date: 3-9-15

AUTHORIZATION

Signature of Presiding Judge: [signature] Date: 3/9/15 $ 920.00

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED V PAID:

AMOUNT ALLOWED ⇧

ADMINISTRATION ONLY BELOW THIS LINE

CR#:	CH:	DATE COMPLETED	INITIALS:
505909	506078	19 2015	ENT'D MAR 19 2015

RECEIVED MAR 19 2015

GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v. Kast. Johnson Services Rendered: Beginning 3 / 13 / 14 through 3 / 23 / 15

District Court # 56 Case#/Offense 14cr2510 / Robbery
County Court # Case#/Offense
Case#/Offense

Disposition Date: 3 / 23 / 15
Trial-Jury / Plea / No-Bill Rec'd
Trial-Court / Dismissed / Dism/Reduced
Req New Counsel / Atty Withdrawn / Atty Removed

OFFENSE LEVEL: Felony 1 / Felony 2 or 3 / Capital Death Penalty / Capital-Non Death / MRP-Felony / Misd / MRP-Misd / Appeal / Juvenile

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

Brief Description	Out of Court V(check)	In Court V(check)	Date	Number Hours	Rate V(check)	Total
Attached		X	Attached	2.1	(X) $66.00 ( ) $76.00-F1	$ 138.60
					( ) $66.00 ( ) $76.00-F1	$
Attached	X		Attached	2.2	(X) $66.00 ( ) $76.00-F1	$ 145.20
					( ) $66.00 ( ) $76.00-F1	$
					( ) $66.00 ( ) $76.00-F1	$
TOTAL 1						T1 $ 283.80
Misd. Plea/Dismissed w/Felony				Quantity		
List case numbers at top of form					$50.00	$
TOTAL 2						T2 $

Other Allowable Expenses Brief Description			Date	Quantity	Cost	Total
TOTAL 3						T3 $

TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD PARTY (MINUS) T4 $ 0

TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) – (T4) $283.80

IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided.
If listing a NEW ADDRESS, you must complete and attach a new W9.

PEID #: 194514

You must PRINT LEGIBLY

PRINT NAME	ADDRESS	CITY	ST.	ZIP
Mark W. Stevens	PO Box 8118	Galveston	TX	77553-8118

PHONE NUMBER	FAX NUMBER	TAX ID/SS#	BAR NUMBER
409 765 6306	409 765 6469	[redacted]	19184300

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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature: [signature] Date: 3/23/15

AUTHORIZATION

Signature of Presiding Judge: [signature] Date: 3 / 25 / 15 $283.80

Signature of Presiding Judge: Date: / / AMOUNT ALLOWED

(2nd signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, pleas to a lesser charge. Submit to District Court first, if approved, submit to County Court for approval)

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED V PAID:

ADMINISTRATION ONLY BELOW THIS LINE

CR#: 506376 C#: 506510 DATE COMPLETED: [illegible] INITIAL: [illegible]

RECEIVED APR 07 2015

282

GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v. Cordova L. Sanelli   Services Rendered: Beginning 7/4/14 through 6/24/15

District Court 56 / County Court # ___ | Case#/Offense 14CR 2680 / Intox/Manslaughter | Disposition Date: 6/24/15
Case#/Offense ___ / ___
Case#/Offense ___ / ___

☐ Trial–Jury ☒ Plea ☐ No-Billed ☐ Trial-Court ☐ Dismissed ☐ Dism/Reduced ☐ Hired New counsel ☐ Atty. Withdrawn ☐ Atty. Removal

√ OFFENSE LEVEL: ○ Felony I ● Felony 2 or 3 ○ Capital-Death Penalty ○ Capital-Non Death ○ MRP-Felony ○ Misd ○ MRP-Misd ○ Appeal ○ Juvenile

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

Brief Description	Out of Court √(check)	In Court √(check)	Date	Number Hours	Rate √(check)	Total
Attached		✓	Attached	4.5	● $66.00 ○ $76.00-F1	$ 297.–
					○ $66.00 ○ $76.00-F1	$
Attached	✓		Attached	15.0	● $66.00 ○ $76.00-F1	$ 990.–
					○ $66.00 ○ $76.00-F1	$
					○ $66.00 ○ $76.00-F1	$
TOTAL 1						T1 $

Misd. Plea/Dismissed w/Felony	Quantity		
List case numbers at top of form		$50.00	$
TOTAL 2			T2 $ 1,287.–

Other Allowable Expenses Brief Description			Date	Quantity	Cost	Total
TOTAL 3						T3 $ /

TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD PARTY (MINUS) T4 $ Ø

TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) – (T4) $ 1,287

IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided. If listing a NEW ADDRESS, you must complete and attach a new W9.

PEID #: 194514   (1,297 –)

You must PRINT LEGIBLY

PRINT NAME	ADDRESS	CITY	ST.	ZIP
Mark W. Stevens	PO Box 8118	Galveston	TX	77553
PHONE NUMBER	FAX NUMBER	TAX ID/SSN		BAR NUMBER
409 765 6306	409 765 6469	[redacted] 9366		19184300

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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature: [signature]   Date: 6/24/15

AUTHORIZATION

Signature of Presiding Judge: [signature]   Date: 6/24/15 $ 1287.00

Signature of Presiding Judge: ___   Date: / /   AMOUNT ALLOWED ⇧

(2[nd] Signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, pleas to a lesser charge. Submit to District Court first, if approved, submit to County Court for approval)

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED √ PAID:

ADMINISTRATION ONLY BELOW THIS LINE

CR#: 509320 | C#: 509082 | DATE COMPLETED: | INITIALS:

ENT'D JUL 7 2015

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GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v Karl E. Batiste Services Rendered, Beginning 4 / 16 15 through 7 / 29, 15

District Court # 56 Case#/Offense ____ / ____
County Court # ____ Case#/Offense 14CR3551 / Burg /Theft
Case#/Offense ____ / ____

Disposition Date: 7 / 29 / 15

OFFENSE LEVEL: Felony 1 | Felony 2 or 3 (X) | Capital-Death Penalty | Capital-Non Death | MRP-Felony | Misd | MRP-Misd | Appeal | Juvenile

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

Brief Description	Out of Court √(check)	In Court √(check)	Date	Number Hours	Rate √(check)	Total
Attached		X	1.5		(X) $66.00 ◯ $76.00 F1	$ 99.--
					◯ $66.00 ◯ $76.00 F1	$
Attached	X		.5		(X) $66.00 ◯ $76.00 F1	$ 33.--
					◯ $66.00 ◯ $76.00 F1	$
					◯ $66.00 ◯ $76.00 F1	$
TOTAL 1						T1 $

Misd. Plea/Dismissed w/Felony	Quantity		
List case numbers at top of form		$50.00	$
TOTAL 2			T2 $

Other Allowable Expenses Brief Description	Date	Quantity	Cost	Total
TOTAL 3				T3 $ 132.

TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD PARTY (MINUS) T4 $ 0

TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) - (T4) $ 132.

IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided. If listing a NEW ADDRESS, you must complete and attach a new W9.

PEID #: 194514

You must PRINT LEGIBLY

PRINT NAME	ADDRESS	CITY	ST.	ZIP
Mark W. Stevens	PO box 8118	Galveston	TX	77553

PHONE NUMBER	FAX NUMBER	TAX ID/SS#	BAR NUMBER
409 765 6306	409 765 5469	*** ** 0366	19184300

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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature: [signature] Date:

AUTHORIZATION

Signature of Presiding Judge: [signature] Date: 7 / 29 / 15 $ 132⁰⁰

Signature of Presiding Judge: Date: / / AMOUNT ALLOWED

(2nd signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, plea to a lesser charge. Submit to District Court first, if approved, submit to County Court for approval)

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED V PAID:

ADMINISTRATION ONLY BELOW THIS LINE

C#: 510463 C#: 510184 DATE COMPLETED INITIALS: ENPD AUG 11

RECEIVED FEB - 8 2016

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GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v. Rick A. LINDSEY Services Rendered: Beginning 8/9/15 through 2/5/16

District Court # 56 | Case#/Offense 15CR1836 / Robbery
County Court # _____ | Case#/Offense _____ / _____
Case#/Offense _____ / _____

Disposition Date: ___/___/___
☒ Trial –Jury ☐ Trial-Court ☐ Hired New counsel
☐ Plea ☐ Dismissed ☐ Atty. Withdrawn
☐ No-Billed ☐ Dism/Reduced ☐ Atty. Removal

√ OFFENSE LEVEL: ○ Felony 1 ◉ Felony 2 or 3 ○ Capital-Death Penalty ○ Capital-Non Death ○ MRP-Felony ○ Misd ○ MRP-Misd ○ Appeal ○ Juvenile

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

Brief Description	Out of Court √(check)	In Court √(check)	Date	Number Hours	Rate √(check)	Total
Attached		✓	Attached	2.9	◉ $66.00 ○ $76.00-F1	$ 191.40
					○ $66.00 ○ $76.00-F1	$
Attached	✓		Attached	1.0	◉ $66.00 ○ $76.00-F1	$ 66.00
					○ $66.00 ○ $76.00-F1	$
					○ $66.00 ○ $76.00-F1	$
TOTAL 1						T1 $ 257.40

	Quantity		
Misd. Plea/Dismissed w/Felony		$50.00	$
List case numbers at top of form			
TOTAL 2			T2 $

Other Allowable Expenses Brief Description			Date	Quantity	Cost	Total
TOTAL 3						T3 $

TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD PARTY (MINUS) T4 ~~$ 33.60~~

TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) – (T4) $ 323.40

IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided.
If listing a NEW ADDRESS, you must complete and attach a new W9.
You must PRINT LEGIBLY

PEID #: 194514

PRINT NAME	ADDRESS	CITY	ST.	ZIP
Mark W. Stevens	PO Box 8118	Galveston	TX	77553
PHONE NUMBER	**FAX NUMBER**	**TAX ID/SS#**		**BAR NUMBER**
409 765 6306	409 765 6469	*** ** 9366		19184300

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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature: _____ Date: 2/5/16

AUTHORIZATION

Signature of Presiding Judge: _____ Date: 2/5/16 $ 323.40

Signature of Presiding Judge: _____ Date: ___/___/___ AMOUNT ALLOWED ⇧
(2nd signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, pleas to a lesser charge. Submit to District Court first. If approved, submit to County Court for approval)

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED V PAID:

3 pgs

CR#: 64435 CI#: 603866 DATE COMPLETED: FEB 5 2016 INITIALS:

BY: _____

ENT'D FEB 08 2016

p.1

GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v. Nicole R. Marion Services Rendered: Beginning 11/23/16 through 1/11/17

District Court # 56 | County Court # ____

Case#/Offense 16CR3164 / Poss CS
Case#/Offense ____ / ____
Case#/Offense ____ / ____

Disposition Date: 1/11/17
ISSUE: Trial-Jury; Plea; No-Billed; Trial-Court; Dismissed; Dism/Reduced; Hired New counsel; Atty. Withdrawn; Atty. Removal

V OFFENSE LEVEL: Felony 1 | Felony 2 or 3 | Capital-Death Penalty | Capital-Non Death | MRP-Felony | Misd | MRP-Misd | Appeal | Juvenile

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

Brief Description	Out of Court √(check)	In Court √(check)	Date	Number Hours	Rate √(check)	Total
Attached		✓	Attached	1.0	◉ $66.00 ○ $76.00-F1	$ 66
					○ $66.00 ○ $76.00-F1	$
Attached	✓		Attached	1.0	◉ $66.00 ○ $76.00-F1	$ 66
					○ $66.00 ○ $76.00-F1	$
					○ $66.00 ○ $76.00-F1	$
TOTAL 1						T1 $ 132
Misd. Plea/Dismissed w/Felony				Quantity		
List case numbers at top of form					$50.00	$
TOTAL 2						T2 $ ✓

Other Allowable Expenses Brief Description			Date	Quantity	Cost	Total
TOTAL 3						T3 $ ✓

TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD PARTY (MINUS) T4 $ ✓

TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) – (T4) 132. JHN $ 132

IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided.
If listing a NEW ADDRESS, you must complete and attach a new W9.
You must PRINT LEGIBLY

PEID #: 194514

PRINT NAME	ADDRESS	CITY	ST.	ZIP
Mark W. Stevens	PO Box 8118	Galveston	TX	77553
PHONE NUMBER	FAX NUMBER	TAX ID/SS#		BAR NUMBER
409 765 6306	409 765 6469	*** ** 9366		19184300

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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature: [signature] Date: 1-11-17

AUTHORIZATION

Signature of Presiding Judge: [signature] Date: 1/11/17 $132.00

Signature of Presiding Judge: Date: / /
(2nd signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, pleas to a lesser charge. Submit to District Court first, if approved, submit to County Court for approval)

AMOUNT ALLOWED ⇧

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED V PAID:

CR#: 703318 | C#: 704021 | DATE COMPLETED: JAN 18 2017 | INITIALS: ENT'D JAN 23 2017

GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v. Rodney Lee MONROE Services Rendered: Beginning 2/24/17 through 5/1/17

District Court # 56
County Court #

Case#/Offense 17CR0561 / Poss CS
Case#/Offense /
Case#/Offense /

Disposition Date: /
☐ Trial –Jury ☐ Trial-Court ☐ Hired New counsel
☐ Plea ☒ Dismissed ☐ Atty. Withdrawn
☐ No-Billed ☐ Dism/Reduced ☐ Atty. Removal

√ OFFENSE LEVEL: ○ Felony 1 ○ Felony 2 or 3 ○ Capital-Death Penalty ○ Capital-Non Death ○ MRP-Felony ○ Misd ○ MRP-Misd ○ Appeal ○ Juvenile

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

Brief Description	Out of Court √(check)	In Court √(check)	Date	Number Hours	Rate √(check)	Total
Attached	✓		Attached	1.2	◉ $66.00 ○ $76.00-F1	$ 72.-
					○ $66.00 ○ $76.00-F1	$
(Case Not Presented to Grand Jury)					○ $66.00 ○ $76.00-F1	$
					○ $66.00 ○ $76.00-F1	$
					○ $66.00 ○ $76.00-F1	$
TOTAL 1						T1 $ 72
Misd. Plea/Dismissed w/Felony. List case numbers at top of form				Quantity	$50.00	$
TOTAL 2						T2 $

Other Allowable Expenses Brief Description			Date	Quantity	Cost	Total
TOTAL 3						T3 $

TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD PARTY (MINUS) T4 $

TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) – (T4) 72.— $ 72.00

IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided.
If listing a NEW ADDRESS, you must complete and attach a new W9.
You must PRINT LEGIBLY

PEID #: 194514

PRINT NAME	ADDRESS	CITY	ST.	ZIP
Mark W...Stevens	PO Box 8118	Galveston	TX	77553
PHONE NUMBER	**FAX NUMBER**	**TAX ID/SS#**	**BAR NUMBER**	
409 765 6306	409 765 6469	*** ** 9366	19184300	

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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature: [signature] Date: 5-1-17

AUTHORIZATION

Signature of Presiding Judge: [signature] Date: 5/4/17 $ 72 #D

Signature of Presiding Judge: Date: / / AMOUNT ALLOWED ⇧
(2nd signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, pleas to a lesser charge. Submit to District Court first, if approved, submit to County Court for approval)

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED √ PAID:
* Amt. Per Judge

CR#: 706742 C#: C70189 DATE COMPLETED: ENTD MAY 11 2017 INITIALS:

RECEIVED
MAY 1 1 2017
BY:

GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v. Jonathan RANEY Services Rendered: Beginning 4/5/17 through 5/18/17

District Court # 56
County Court #

Case#/Offense 17CR 0753 / Aggr. 3d
Case#/Offense 17CR 0836 / " "
Case#/Offense / /

Disposition Date: / /
- Trial –Jury
- Plea
- (x) No-Billed
- Trial-Court
- Dismissed
- Dism/Reduced
- Hired New counsel
- Atty. Withdrawn
- Atty. Removal

√ OFFENSE LEVEL: ( ) Felony 1 (x) Felony 2 or 3 ( ) Capital-Death Penalty ( ) Capital-Non Death ( ) MRP-Felony ( ) Misd ( ) MRP-Misd ( ) Appeal ( ) Juvenile

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

Brief Description	Out of Court √(check)	In Court √(check)	Date	Number Hours	Rate √(check)	Total
Attached	✓		Attached	1.7	(x) $66.00 ( ) $76.00-F1	$ 112.20
					( ) $66.00 ( ) $76.00-F1	$
					( ) $66.00 ( ) $76.00-F1	$
					( ) $66.00 ( ) $76.00-F1	$
					( ) $66.00 ( ) $76.00-F1	$
TOTAL 1				1.7		T1 $ ✓
Misd. Plea/Dismissed w/Felony				Quantity		
List case numbers at top of form					$50.00	$
TOTAL 2						T2 $ ✓

Other Allowable Expenses Brief Description	Date	Quantity	Cost	Total
TOTAL 3				T3 $ ✓

TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD-PARTY (MINUS) T4 $ ✓

TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) – (T4) 112.20 $ 112.20

IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided.
If listing a NEW ADDRESS, you must complete and attach a new W9.
You must PRINT LEGIBLY

PEID #: 194514

PRINT NAME	ADDRESS	CITY	ST.	ZIP
Mark W. Stevens	PO Box [redacted] 16138	Galveston	TX	77552
PHONE NUMBER	**FAX NUMBER**	**TAX ID/SS#**		**BAR NUMBER**
409 765 6306	409 765 6469	*** ** 9366		19184300

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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature: [signature] Date: 5/19/17

AUTHORIZATION

Signature of Presiding Judge: [signature] Date: 5/22/17 $ 112.20

Signature of Presiding Judge: Date: / / AMOUNT ALLOWED ⇧
(2nd signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, pleas to a lesser charge. Submit to District Court first, if approved, submit to County Court for approval)

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED V PAID:

CR#: 707378 C#: C707637 DATE COMPLETED: ENT'D JUN 07 2017 INIT ALS:

MAY 22 2017

GALVESTON COUNTY ATTORNEY FEE VOUCHER

STYLE: State of Texas v. Ryan LOWE Services Rendered: Beginning 5/25/17 through 9/22/17

District Court # 56
County Court #

Case#/Offense 17 CR 1477 / DOSS/C-S.
Case#/Offense 17CR1414 /
Case#/Offense /

Disposition Date: 9/22/17
Trial-Jury / Plea / No-Billed / Trial-Court / Dismissed / Dism/Reduced / Hired New counsel / Atty. Withdrawn / Atty. Removal

V OFFENSE LEVEL: Felony 1 / Felony 2 or 3 / Capital-Death Penalty / Capital-Non Death / MRP-Felony / Misd / MRP-Misd / Appeal / Juvenile

INCOMPLETE VOUCHERS WILL BE RETURNED TO THE COURT UNPAID

Brief Description	Out of Court √(check)	In Court √(check)	Date	Number Hours	Rate √(check)	Total
Attached		✓		2.3	(●) $66.00 ( ) $76.00-F1	$ 151.80
					( ) $66.00 ( ) $76.00-F1	$
Attached	✓			.5	(●) $66.00 ( ) $76.00-F1	$ 33.00
					( ) $66.00 ( ) $76.00-F1	$
					( ) $66.00 ( ) $76.00-F1	$
TOTAL 1				2.8		T1 $ 184.80
Misd. Plea/Dismissed w/Felony				Quantity		
List case numbers at top of form					$50.00	$
TOTAL 2						T2 $

Other Allowable Expenses Brief Description			Date	Quantity	Cost	Total
TOTAL 3						T3 $

TOTAL MONIES/PAYMENTS RECEIVED FROM DEFENDANT OR THIRD-PARTY (MINUS) T4 $

TOTAL COMPENSATION AND EXPENSES REQUESTED FOR THIS CLAIM (T1 + T2 + T3) – (T4) 2.8 = $ 184.80

IMPORTANT: The following attorney information is required and your claim will not be paid unless complete information is provided.
If listing a NEW ADDRESS, you must complete and attach a new W9.
You must PRINT LEGIBLY

PEID #: 194514

PRINT NAME	ADDRESS	CITY	ST.	ZIP
Mark W. Stevens	PO Box 64138	Galveston	TX	77552
PHONE NUMBER	FAX NUMBER	TAX ID/SS#	BAR NUMBER	
409 765 6306	409 765 6469	*** ** 9366	19184300	

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 expense claimed were reasonable and necessary to provide effective assistance/counsel. I further certify that I am/was licensed by the State of Texas, during the time period these services were rendered, to practice as an attorney in the State of Texas.

Attorney Signature: [signature] Date: 9.22-17

AUTHORIZATION

Signature of Presiding Judge: [signature] Date: 9/26/17 $ 184.80

Signature of Presiding Judge: Date: / / AMOUNT ALLOWED ⇧
(2nd signature required if voucher includes both felony and misdemeanor cases disposed as part of a plea bargain, including dismissal, pleas to a lesser charge. Submit to District Court first, if approved, submit to County Court for approval)

REASON FOR DENIAL OR ANY VARIATION IN AMOUNT REQUESTED V PAID:

CR#: 710439 C#: C71038 DATE COMPLETED: ENT'D SEP 27 2017 INIT:

RECEIVED
SEP 27 2017

MARK W. STEVENS
ATTORNEY AT LAW
P.O. BOX 16138
GALVESTON, TEXAS 77552
409.765.6306
Fax 409.765.6469

Re: No. 17CR1414; State of Texas v. Ryan Wesley LOWE; In the 56th District Court of Galveston County, Texas

Booking No. 287473
Dob 03 30 92
Home 361.649.6369
1900 Aquarena Springs
San Marcos, Texas 78666

F3

05.25.17 .5 Receive Appt. Establish File. Letter to inmate; Fax File Request. Check Local Records; no other charges locally; query if he is Texas State Student in light of his address.

06.08.17 NC Notifiation of Psychiatric evaluation c. 5.26.17. However, Per Ody Client bonded out on 5/25 . Letter to Mr. Lowe

07.07.17 .4 56th Status. Reset due to absence of Drugs. Client is present. Reset to August 24. Lowe onfirms Mailing address. Is excused ffrom 8/24 at this tim Confirmation letter to Mr. Lowe.

9.21.17 .4 56th Disp. Confernce. No Show by Mr. Lowe. BF Letter pm to Mr. Lowe

9.22.17 1.5 Appear re Appearance of Mr. Lowe; Address Bond forfeiture. Plea to deferred

2.3 Court x 66 = $ 151.
.5 Non Court x $66 = $ 33.

Total $ 184.—

Thank You !