

LAW GUARDIAN VOUCHER

APPELLATE DIVISION

Voucher No.

a

DEPARTMENT

Originating Agency Appellate Division, Supreme Court			Originating Agency Code b		Interest Eligible (Y/N) Y		P-Contract	
Payment Date (MM) / (DD) / (YY)		OCS Use Only			Liability Date (MM) / (DD) / (YY) c			
Payee ID d	Additional	Zip Code		Route	Payee Amount			MIR Date (MM) (DD) (YY)
Payee Name (Limit to 30 spaces) e					IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces) e					Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces) f					Ref/Inv. No. (Limit to 20 spaces) g			
Address (Limit to 30 spaces) f					Rev/Inv. Date (MM) / (DD) / (YY) c			
City (Limit to 20 spaces) f		(Limit to 2 spaces) →	State f	Zip Code f				

For legal services rendered as Law Guardian pursuant to FCA Art. 2 part 4 in the Family/Supreme/Surrogate's (circle applicable forum) Court of _____ County from _____ / _____ / _____ to _____ / _____ / _____ for _____, docket /index /file number _____

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INSTRUCTIONS TO LAW GUARDIAN: An Attorney Activity Sheet (see reverse side) must be prepared and the totals transferred to the appropriate categories (I, II, III) below. Both sides must be submitted for payment. Please enter the primary proceeding code (case prefix) and number of petitions covered by this voucher in the appropriate spaces, and check the original voucher in the box below.

PROCEEDING CODE: i		CHECK (✓) ORIGINAL VOUCHER ONLY k	TOTAL HOURS		AMOUNT	
NUMBER OF PETITIONS: j			I. TIME SPENT OUT OF COURT		l	
			II. TIME SPENT IN COURT			
		III. EXPENSE OF REPRESENTATION				

TO BE APPROVED BY JUDGE TOTAL

m

FOR LAW GUARDIAN'S USE: I hereby certify that the above statement of contractual services is true and correct; that no other claim for payment has been made for the time stated therein; and that no part thereof has been paid except as stated therein and that the balance stated is due and owing and that taxes from which the State is exempt are excluded therefrom.

n

SIGNATURE

DATE

FOR USE OF JUDGE: I hereby certify that in accordance with the above statement of services the total fee awarded for such services is fair and just and is set forth above.

SIGNATURE

DATE

COUNTY

STATE COMPTROLLER'S PRE-AUDIT

Verified

Audited

Special Approval
(As Required)

CERTIFIED FOR
PAYMENT
OF THE
TOTAL FEE AMOUNT

By _____

FOR APPELLATE DIVISION USE ONLY: I hereby certify that this voucher is correct and just and payment is hereby approved.

AUTHORIZED SIGNATURE

DATE

Expenditure							Liquidation				
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var.	Yr		Dept.	Statewide					
FIGURE 2-a											

