



## INSTRUCTIONS FOR PREPARING VOUCHERS FOR ASSIGNED COUNSEL, PSYCHIATRISTS OR PHYSICIANS (JC 2020)

**Assigned Counsel, Psychiatrist or Physician must complete the numbered blocks on the face of the form as indicated below:**

**Box 3. Payee ID** - Enter the nine digit federal social security number. If payment should be made to your firm for tax purposes, enter the firm's federal tax identification number here.

**Box 4. Payee name/address/city/state/zip code** - Enter full name and address, including zip code. If the business identification number is used in Box 3 above, enter the firm's name in the first payee name position and the individual's name in the second payee name position.

**(Un-numbered) Indicator-Dept/County** - Enter the County in which services were performed. This is limited to five spaces so use the first five letters of the County name.

**Box 5. Ref/Inv.No/Surname** - Enter the last name of the subject for whom the services were performed. This box is limited to twenty spaces. Use the Ref/Inv. date box below for the date(s) services were performed.

**Box 6. Nature of Proceeding** - Check appropriate box. For type of proceeding, indicate the statutory authority for payment. Check if court is of original or appellate jurisdiction. (If you do not know the statute, this information will be provided by the court.)

**Box 7. Required Billing Information** - Indicate in items A through D, respectively, the type of service rendered, the judge's name, court docket index file number(s), and the period of service rendered.

**Box 8. Summary of Services Provided** - Enter the date(s), service description and dollar amount to be reimbursed. Enter the total fee being charged in the "Total Fee" box.

**Box 9. Certification** - The individual or person authorized to claim fees on behalf of the firm must sign and date. Enter the social security identification number only if different than box 3, payee identification number.

### **Judge/Justice Making Assignment:**

1. Review entire form as submitted by court-appointed professional, including the statutory authority cited, for accuracy and completeness.
2. Indicate, in the appropriate box, whether more than one counsel, psychiatrist or physician has been assigned to this case.
3. Insure that the total fees claimed are within the guidelines established by Administrative Order of the Chief Administrator transmitted as Budget Bulletin Number 223. Adjust the total fee line as appropriate.
4. If acceptable, sign and complete box 10 for court use, including signature, date and county of assignment.
5. As soon as possible for prompt payment, submit the original and one file copy to the Appellate Division Administrative Office and retain one-copy for the Court's file.

### **Appellate Division Only:**

1. Enter all fiscal data, including originating agency, agency code liability date (normally the last date of service), Merchandise Invoice Received date (MIR), IRS Code, expenditure data and assignment of voucher number.
2. An employee authorized to approve fiscal documents must sign and date block 11, **For Appellate Division Use Only. Vouchers must be received by OSC within 22 days of the MIR date in order to avoid interest penalties. The MIR Date is the date the voucher was received by the local court.**