

ASSIGNED COUNSEL VOUCHER - JUDICIARY LAW 35(8)

STATE OF NEW YORK  
UNIFIED COURT SYSTEM

VOUCHER NO

COURT/ AGENCY			ORIGINATING AGENCY CODE			INTEREST ELIGIBLE (Y/N) <b>Y</b>		
PAYMENT DATE (MM) (DD) (YY) / /			OSC USE ONLY			LIABILITY DATE (MM) (DD) (YY) / /		
PAYEE ID (S.S. NO)		ADDITIONAL		ZIP CODE	ROUTE	PAYEE AMOUNT		
PAYEE NAME (LIMIT TO 30 SPACES)					IRS Code (Formerly 1099) <b>N</b>		Merch/Inv. Rec'd Date (MM) (DD) (YY) / /	
ADDRESS (LIMIT TO 30 SPACES)					STATISTIC TYPE		STATISTIC	
ADDRESS (LIMIT TO 30 SPACES)					Ref/Inv. No. (Limit to 20 Spaces) (MM)			
CITY (LIMIT TO 20 SPACES)			STATE	ZIP CODE	Ref/Inv. Date (MM) (DD) (YY) / /			

For legal services rendered pursuant to subdivision 8 of section 35 of the Judiciary Law as assigned counsel in the Supreme Court of \_\_\_\_\_ County during the period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ for \_\_\_\_\_, docket / index / file number \_\_\_\_\_.

**INSTRUCTIONS TO ATTORNEY:** An Attorney Activity Sheet must be prepared and the totals transferred to the appropriate categories (I, II, III) below. Both documents 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 below, and check the original copy on the bottom left of this form.

Type of Proceeding (if more than one, enter code for main proceeding only): _____		TOTAL HOURS		AMOUNT	
(A) Adoption (B) Commitment of Guardianship & Custody (D) Juvenile Delinquency (E) J.D. Designated Felony (F) Support (G) Guardianship (K) Foster Care Review (L) Foster Care Approval (M) Consent to Marry (N) Abuse/Neglect (O) Family Offense (P) Paternity (S) PINS (U) Uniform Interstate Support Law (V) Custody/Visitation (Z) Miscellaneous (1) Appeal (-SUB) Substitute Appearance		I. TIME SPENT OUT OF COURT			
		II. TIME SPENT IN COURT			
		III. EXPENSE OF REPRESENTATION			

TO BE APPROVED BY JUDGE

TOTAL

**FOR ASSIGNED COUNSEL USE:** I hereby certify that the above statement of the legal services provided 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.

\_\_\_\_\_  
SIGNATURE DATE

**FOR USE OF SUPREME COURT JUSTICE:** 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	CERTIFIED FOR PAYMENT OF THE TOTAL FEE AMOUNT
Audited	
Special Approval (As Required)	

**FOR UCS ADMINISTRATIVE PURPOSES ONLY:** I hereby certify that this voucher is correct and just and payment is hereby approved.

\_\_\_\_\_  
AUTHORIZED SIGNATURE DATE

CHECK (X) ORIGINAL  
COPY ONLY

EXPENDITURE							
DEPT	COST CENTER	VAR	YR	OBJECT	ACCUM		AMOUNT
					DEPT	STATE	
05				56320			
05				56320			
05				56320			

