

COUNTY OF TIOGA
ASSIGNED COUNSEL VOUCHER

TO: _____

ADDRESS: _____

Pursuant to the Order of Hon. _____, appointing counsel in the case
(Assigning Judge)

of _____, docket/indictment no. _____

claim is hereby made for compensation and expenses of representation.

1. TIME SPENT IN OPEN COURT

HOURS

Total

2. TIME SPENT IN PREPARATION (OUT OF COURT)

HOURS

Total

3. EXPENSES OF REPRESENTATION (ITEMIZED DISBURSEMENTS)

Total

