

**ASSIGNED COUNSEL PLAN
722-C SERVICES - EXPERT VOUCHER
FAMILY COURT**

RESPONDENT'S NAME _____	NAME OF PAYEE _____
DOCKET(S) # _____	EXPERTISE _____
DATE OF ORDER OF ASSIGNMENT <small>(ORDER MUST BE ATTACHED)</small> _____	SS. OR TAX PAYER I.D.# _____
COUNTY _____ COURT _____	STREET ADDRESS _____
ASSIGNED ATTORNEY _____	CITY, STATE, ZIP CODE _____
JUDGE _____	TELEPHONE NUMBER _____

THIS VOUCHER REPRESENTS A CLAIM MADE FOR COMPENSATION FOR SERVICES RENDERED:

EXPERT REQUEST (WORK SHEETS MUST BE COMPLETED - HOURS ON WORKSHEET MUST AGREE WITH TOTAL HOURS BILLED)

A. TOTAL HOURS BILLED _____ AT \$ _____ PER HOUR/BOURLY RATE = \$ _____

WAS THIS CASE APPORTIONED YES _____ NO _____

IF YES HOW MANY ADULTS _____ CHILDREN _____

BILLED TO CITY: \$ _____ BILLED TO STATE: \$ _____ BILLED PRIVATELY: \$ _____

B. ITEMIZED EXPENSES (ATTACH ADDITIONAL SHEET IF NECESSARY; RECEIPT MUST BE ATTACHED)

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

(MUST BE COMPLETED)

HAS COMPENSATION AND/OR REIMBURSEMENT IN THIS CASE PREVIOUSLY BEEN APPLIED FOR OR RECEIVED?
YES _____ NO _____ IF YES, SPECIFY AMOUNT AND CIRCUMSTANCES: _____

THE ABOVE INFORMATION IS CERTIFIED CORRECT. SWORN TO BEFORE ME THIS _____ DAY OF _____

CLAMANT _____ NOTARY PUBLIC _____

EXPERT COMPUTATION

_____ HRS RATE \$ _____

EXPENSES \$ _____

TOTAL \$ _____

(DO NOT WRITE BELOW THIS LINE)

APPROVED BY COURT

_____ HRS \$ _____

EXPENSES \$ _____

TOTAL \$ _____

APPROVED AS SUBMITTED
ADJUSTED

COMMENTS: _____

MUST BE LEGIBLE
RETAIN A COPY FOR YOUR RECORDS

JUDGE SIGNATURE AND STAMP

VOUCHER MUST BE SUBMITTED WITHIN 45 DAYS OF FINAL DISPOSITION.

