JC2000
AC-5067
(REV. 8/10)

ATTORNEY FOR THE CHILD VOUCHER

STATE OF NEW YORK - JUDICIARY

APPELLATE DIVISION

_____ DEPARTMENT

Voucher No.

Originating Agency	Originating Agency Code	Interest Eligible (Y/N)	P-Contract
Appellate Division, Supreme Court		Y	

Payment Date (MM) (DD) (YY)	OCS Use Only	Liability Date (MM) (DD) (YY)
/ /		/ /

Payee ID	Additional	Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
					/ /

Payee Name (Limit to 30 spaces)	IRS Code	IRS Amount

Payee Name (Limit to 30 spaces)	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide

Address (Limit to 30 spaces)	Ref/Inv. No. (Limit to 20 spaces)

Address (Limit to 30 spaces)	Rev/Inv. Date (MM) (DD) (YY)
	/ /

City (Limit to 20 spaces) (Limit to 2 spaces) →	State	Zip Code

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

INSTRUCTIONS TO ATTORNEY: 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: _____ NUMBER OF PETITIONS: _____	CHECK (✓) ORIGINAL VOUCHER ONLY ☐		TOTAL HOURS	AMOUNT
		I. TIME SPENT OUT OF COURT		
		II. TIME SPENT IN COURT		
		III. EXPENSE OF REPRESENTATION		
		TO BE APPROVED BY JUDGE TOTAL		

FOR USE OF ATTORNEY FOR THE CHILD: 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.

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						

State of New York - Unified Court System

Family Court

ATTORNEY FOR THE CHILD VOUCHER

Payee Name:	Client Name:
	Docket/Index/File#:
Date Assigned:	Disposition Date:

Worksheet

For "Time Spent", you must enter the time expended in real time (hours and minutes), 9:00 a.m. - 9:10 a.m.

Date	Start Time	Finish Time	Hours In-Court	Out-of-Court	Summary of Services Provided
Total Hours					