

**NYC ASSIGNED COUNSEL PLAN - EXPERT VOUCHER FOR 722-c SERVICES IN CRIMINAL COURT AND SUPREME COURT CRIMINAL TERM**

Name of Defendant \_\_\_\_\_ Name of Payee \_\_\_\_\_  
 Indictment Number \_\_\_\_\_ Area of Expertise \_\_\_\_\_  
 Date of Order Authorizing Service \_\_\_\_\_ Name of Expert if Different from Payee \_\_\_\_\_  
 All Docket Numbers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 County and Court of Service \_\_\_\_\_ Social Security # \_\_\_\_\_ -or- Tax Payer ID# \_\_\_\_\_  
 Attorney Assigned to Case with Expert \_\_\_\_\_ Payee Street Address (No PO Boxes Accepted) \_\_\_\_\_  
 Judge/Referee/JHO/Magistrate \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

**A. TOTAL HOURS BILLED** \_\_\_\_\_ **AT \$** \_\_\_\_\_ **FEE HOURLY RATE = \$** \_\_\_\_\_

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

(1) \_\_\_\_\_ \$ \_\_\_\_\_ (3) \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) \_\_\_\_\_ \$ \_\_\_\_\_ (4) \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL EXPENSES \$** \_\_\_\_\_

**TOTAL AMOUNT OF VOUCHER (SUM OF A & B) = \$** \_\_\_\_\_

**HAS EXPERT COMPENSATION AND/OR REIMBURSEMENT FOR THIS INDICTMENT/DOCKET(S) PREVIOUSLY BEEN APPLIED FOR OR RECEIVED?**  
 YES  NO IF YES, SPECIFY AMOUNT AND CIRCUMSTANCES:  
 DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ REASON FOR PAYMENT \_\_\_\_\_

THE ABOVE INFORMATION IS CERTIFIED TO BE CORRECT. \_\_\_\_\_  
 EXPERT SIGNATURE

**ATTORNEY AFFIRMATION**  
 I, \_\_\_\_\_ (print name) certify, pursuant to the penalties of perjury, that the above-named expert was duly appointed to this case by order dated \_\_\_\_\_. I further certify that I utilized the services of this expert in conjunction with my legal representation of the above-named defendant and the work product and services described in the voucher and accompanying worksheet are consistent with my understanding of the services conducted by this expert.  
 Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_

EXPERT COMPUTATION	
\$ RATE	x _____ HOURS \$ _____
EXPENSES	\$ _____
TOTAL	\$ _____

FOR COURT USE ONLY:	
\$ RATE	x _____ HOURS \$ _____
EXPENSES	\$ _____
TOTAL	\$ _____
<input type="checkbox"/> APPROVED AS SUBMITTED <input type="checkbox"/> ADJUSTED	
JUDICIAL SIGNATURE/STAMP _____	
DATE _____	

ANY VOUCHER EXCEEDING THE STATUTORY \$1,000 CAP MUST INCLUDE AN AFFIDAVIT OF EXPLANATION  
 THIS VOUCHER SUBMISSION MUST INCLUDE THE ORDER, WORKSHEET AND ANY EXPENSE RECEIPTS  
 VOUCHER MUST BE SUBMITTED WITHIN 45 DAYS OF FINAL DISPOSITION OR DATE ATTY RELIEVED FROM CASE  
 Assigned Counsel Plan 253 Broadway, 2<sup>nd</sup> Floor, New York, New York, 10007  
 VCP 12.07 PLEASE RETAIN A COPY FOR YOUR RECORDS

