

**SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING**

JC 2020 (Rev.12/92)

**STATE  
OF  
NEW YORK**

**VOUCHER FOR ASSIGNED COUNSEL,  
PSYCHIATRIST OR PHYSICIAN**

Voucher No. \_\_\_\_\_

<b>1</b> Originating Agency		Orig. Agency Code	Interest Eligible (Y/N)		P-Contract
Payment Date (MM) (DD) (YY)	OSC Use Only			Liability Date (MM) (DD) (YY)	
<b>3</b> Payee ID	Additional	Zip Code	Route	Payee Amount	MIR Date (MM/DD/YY)
<b>4</b> Payee Name (Limit to 30 spaces)				IRS Code	IRS Amount
Payee Name (Limit to 30 spaces)				Stat. Type	Statistic
Address (Limit to 30 spaces)				Indicator-Dept/County	
Address (Limit to 30 spaces)				Indicator-Statewide	
Address (Limit to 30 spaces)				<b>5</b> Ref/Inv. No./Surname	
City (Limit to 20 spaces) (Limit to 2 spaces) ▶				Ref/Inv. Date (MM) (DD) (YY)	
State		Zip Code			

**6. NATURE OF PROCEEDING (Check One)**  
 HABEAS CORPUS  OTHER CIVIL PROCEEDING

**Statutory Authority for Payment:**  
 \_\_\_\_\_

**JURISDICTION OF COURT (Check One)**  
 ORIGINAL  APPELLATE

**7. REQUIRED BILLING INFORMATION**

**ALL SECTIONS MUST BE COMPLETED FOR PAYMENT TO BE MADE**

A. Type of Service rendered  Legal  Psychiatrist  Physician  Psychologist  Other

B. Judge's Name: \_\_\_\_\_ C. Court Docket/Index/File Number(s): \_\_\_\_\_

8.

DATE(S)	SUMMARY OF SERVICES PROVIDED:	AMOUNT	
		DOLLARS	CENTS
<b>TOTAL FEE:</b>			

TWO OR MORE PROFESSIONALS ASSIGNED TO CASE (PHYSICIANS, PSYCHIATRISTS, OR COUNSEL)

<p><b>9. CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE STATEMENT OF SERVICES IS TRUE AND CORRECT, 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.</b></p> <p>_____ SIGNATURE</p> <p>_____ DATE</p> <p>_____ SOCIAL SECURITY NUMBER</p>		
<p><b>10. COURT USE: 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.</b></p> <p>_____ SIGNATURE</p> <p>_____ DATE</p> <p>_____ COUNTY</p>		
<p><b>11. FOR APPELLATE DIVISION USE ONLY: I HEREBY CERTIFY THAT THIS VOUCHER IS CORRECT AND JUST AND PAYMENT IS HEREBY APPROVED.</b></p> <p>_____ SIGNATURE</p> <p>_____ DATE</p>		