Instructions for Preparing JC 2020 Vouchers for Assigned Counsel, Physician, Psychologist, Social Worker or Investigators

Voucher ID: -Agency Internal Use Only

1. **Vendor Name:** For individuals, enter the name of the vendor as it appears in SFS.

2. **Vendor Identification Number:** Enter the ten digit number provided by the Office of the State Comptroller to conduct business in New York State. If payment should be made to your firm, please enter the firm's vendor ID#. (If you do not have a Vendor ID, please contact the appropriate Appellate Division).

3. **Business Name:** Enter the Legal Business name as it appears in SFS.

4. **Address:** Enter the physical address as it appears in SFS (For change of address, please refer to **www.osc.state.ny.us/vendors/forms/add_change_change_delete.pdf**)

5. **Docket/Index/File#:** Enter the appropriate court docket, index or file number(s) associated with the case.

6. **Ref/Inv#:** Enter last name of client for whom services were performed or invoice number.

7. **Date:** Enter the date the voucher is submitted.

8. **Type of service rendered:** Indicate type of service rendered as appropriate.

9. Indicate the county, the period of service rendered, the name of the client for whom the services were performed and the appropriate court docket, index or file number(s).

10. **Amount:** Enter total hours and amount in dollars and cents. Enter the expenses in dollars and cents. Enter the total fee being charged to the State (Apportionment, if applicable) in the "Total Fee" box in dollars and cents.

11. **Vendor Certification:** The vendor authorized to claim fees must sign and date the Certification.

Attached Required Documentation:

The following documentation must be submitted with the voucher for payment:

a. A copy of the Court Order authorizing payment
b. JC 2020 Worksheet- Complete and attach worksheet, by entering the time expended in real time (hours and minutes), 9:00 a.m. - 9:10 a.m.
c. Affidavit in Support of voucher for compensation in excess of Statutory Maximum, if appropriate.

STATE OF NEW YORK - UNIFIED COURT SYSTEM

VOUCHER FOR ASSIGNED COUNSEL, PHYSICIAN, PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER OR INVESTIGATORS

JC 2020

Voucher ID:

PLEASE SEE INSTRUCTIONS FOR MORE INFORMATION AND REQUIRED DOCUMENTION

VENDOR INFORMATION

1. Vendor Name:		**2.** Vendor Identification Number:	
3. Business Name:			
4. Address:			
5. City:	**6.** State:	**7.** Zip Code:	**8.** County:
9. Docket/Index/File#:	**10.** Ref/Inv#:	**11.** Date:	

12. Type of service rendered: ☐ Legal ☐ Physician ☐ Psychiatrist ☐ Psychologist ☐ Social Worker ☐Investigators ☐ Other

13. For services rendered by counsel, mental health professionals, physicians or investigators pursuant to section 35 of the Judiciary Law in the Supreme/Family Court of_____County during the period from ____/____/____to____/____/____
for_____
Docket/Index/File number:_____

14	**Amount**	
Total Hours	Dollars	Cents
Expenses:		
TOTAL FEE:		

VENDOR CERTIFICATION

15. I hereby certify that the above statement of services provided is true and correct, and 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 COURT JUDGE/JUSTICE

16. 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

FOR UCS ADMINISTRATIVE PURPOSES ONLY

17. I hereby certify that this voucher is correct and just and payment is hereby approved.

SIGNATURE

DATE

FOR UCS BUDGET PROCESSING OFFICE ONLY

Business Unit	Amount	Dept.	Program	Fund	Account	Bud Ref	Oper Unit	ChartField 1
ChartField 2	Budget Date				Liability Date:		Merch/Inv. Rec'd Date:	

State of New York - Unified Court System

Supreme/Family Court

JC 2020 Weeksheet

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

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					