

**VOUCHER FOR COMPENSATION OF APPOINTED COUNSEL  
UNDER ARTICLE 18-B  
FAMILY COURT**

Attorney \_\_\_\_\_ Respondent \_\_\_\_\_  
 Address \_\_\_\_\_ Docket(s) \_\_\_\_\_  
 \_\_\_\_\_ Docket(s) \_\_\_\_\_  
 Telephone # \_\_\_\_\_ County \_\_\_\_\_  
 (Please include every docket No. Filed in connection with the proceeding)  
 I.D. or S.S. # \_\_\_\_\_ Number of Petitions \_\_\_\_\_

Pursuant to the authorization contained in the order appointing counsel in the above proceeding, claim is hereby made for compensation and expenses of representation:

**LIST TIME SPENT IN OPEN COURT AND TIME SPENT IN PREPARATION (OUT-OF-COURT) ON THE ATTACHED WORKSHEET:**

**I. EXPENSES OF REPRESENTATION (ITEMIZE AND ATTACH RECEIPTS)**

Do not include office overhead expenses (see 22 NYCRR, Sec. 606.3) AMOUNT

\$ \_\_\_\_\_

**II. DISPOSITION**

|                             |                                 |                                      |
|-----------------------------|---------------------------------|--------------------------------------|
| _____ Dismissed             | _____ Suspended Judgement       | _____ Order of Custody/Visitation    |
| _____ Withdrawn             | _____ Placement Relative/Agency | _____ Order of protection            |
| _____ Foster Care continued | _____ Return of Child to Parent | _____ Termination of Parental Rights |
| _____ Voluntary Surrender   | _____ Order of Support          | _____ Order of Filiation             |
| _____ Adoption              |                                 |                                      |

Other \_\_\_\_\_

**III. Has compensation and/or reimbursement in this case been previously applied for or received?**

Yes \_\_\_ No \_\_\_ If Yes, specify amount and circumstances \_\_\_\_\_

The undersigned as attorney-at-law of the State of New York, as assigned counsel for the aforesaid respondent hereby affirms under penalty of perjury that the number of hours and the expenses set forth are correct; that except as set forth above, no payment has been received, and that no other payment has been received or requested from the Comptroller of the City of New York in accordance with Article 18-B of the County Law, for this or any other assigned case, which is duplicative of the time period or hours of the day covered by the voucher herewith submitted by me.

Attorney Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**Attorney Request:  
To 12/31/03**

Hours in-court \_\_\_\_\_ @ \$40 \$ \_\_\_\_\_  
 Hours out-of-court \_\_\_\_\_ @ \$25 \$ \_\_\_\_\_  
 Expenses (Receipt must be attached) \$ \_\_\_\_\_  
**Total \$ \_\_\_\_\_**

**After 01/01/04**

Hours in-court \_\_\_\_\_ @ \$75 \$ \_\_\_\_\_  
 Hours out-of-court \_\_\_\_\_ @ \$75 \$ \_\_\_\_\_  
 Expenses (Receipt must be attached) \$ \_\_\_\_\_  
**Total \$ \_\_\_\_\_**

**Total Requested \$ \_\_\_\_\_**

**FOR COURT USE ONLY**

**To 12/31/03**

Hours in-court \_\_\_\_\_ @ \$40 \$ \_\_\_\_\_  
 Hours out-of-court \_\_\_\_\_ @ \$25 \$ \_\_\_\_\_  
 Expenses (Receipt must be attached) \$ \_\_\_\_\_  
**Total \$ \_\_\_\_\_**

**After 01/01/04**

Hours in-court \_\_\_\_\_ @ \$75 \$ \_\_\_\_\_  
 Hours out-of-court \_\_\_\_\_ @ \$75 \$ \_\_\_\_\_  
 Expenses (Receipt must be attached) \$ \_\_\_\_\_  
**Total \$ \_\_\_\_\_**

**Total Approved \$ \_\_\_\_\_**

Judge Signature and Stamp \_\_\_\_\_

Date \_\_\_\_\_

**Voucher must be submitted within 45 days of disposition**



