

**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 Judgment	_____ 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_____ Withdrawn	_____ Placement Relative/Agency	_____ Order of Protection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 above are correct; that except as set forth above, no payment has been received or requested from the Comptroller of the City of New York in accordance with Article 18B 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		After 01/01/04	
Hours in-court _____ @ \$40.00	\$ _____	Hours in-court _____ @ \$75.00	\$ _____
Hours out-of-court _____ @ \$25.00	\$ _____	Hours out-of-court _____ @ \$75.00	\$ _____
Expenses (Receipt must be attached)	\$ _____	Expenses (Receipt must be attached)	\$ _____
	\$ _____		\$ _____
Total		Total	

Total Requested \$ _____

FOR COURT USE ONLY

To 12/31/03		After 01/01/04	
Hours in-court _____ @ \$40.00	\$ _____	Hours in-court _____ @ \$75.00	\$ _____
Hours out-of-court _____ @ \$25.00	\$ _____	Hours out-of-court _____ @ \$75.00	\$ _____
Expenses (Receipt must be attached)	\$ _____	Expenses (Receipt must be attached)	\$ _____
	\$ _____		\$ _____
Total		Total	

Total Approved \$ _____

 Judge Signature and Stamp

 Date

