STATE OF NEW YORK - UNIFIED COURT SYSTEM
SUPREME COURT
ASSIGNED COUNSEL VOUCHER - Judiciary Law 35(8)

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:

City: | State: | Zip Code: | County:

5. Docket/Index/File#:

6. Ref/Inv#:

7. Date:

8. For legal services rendered pursuant to subdivision 8 of section 35 of the Judiciary Law as assigned counsel in the Supreme Court of _____County during the period from _____/_____/_____ to _____/_____/_____ for_____ Docket/Index/File number:_____.

9	Total Hours	Amount
I. H·h·Ʉ˙Hours:		
II. 9l·dYbgYg·		
TOTAL FEE:		

ASSIGNED COUNSEL CERTIFICATION

10. I hereby certify that the above statement of the legal services provided is true and correct, 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 SUPREME COURT JUSTICE

11. 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

12. 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:

AC 35(8) (Rev. 4/13)

State of New York - Unified Court System

Supreme Court

Assigned Counsel - Judiciary Law 35(8)

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

Worksheet

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	Time Spent	In #Out of 9l d	Summary of Services Provided
Total Hours					