CIVIL COURT OF THE CITY OF NEW YORK
COUNTY OF .....
HOUSING PART .....

Index No. .....

_____
Petitioner,

-vs-

_____
Respondent,

AFFIDAVIT OF SERVICES
OF
GAL APPOINTMENT

I, ..., submit this affidavit of services with the Court pursuant to CPLR 1204, for services rendered herein as Guardian ad Litem for Mr./Mrs. .....

1.
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_____
_____

2.
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3.
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4.
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5.
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_____

6. I have spent the time indicated below rendering the following services:

A. Helping **ward** obtain needed benefits (ie. SCRIE, Section 8, Public Assistance, One Shot Deal, SSI, etc): _____ hours
B. Speaking with ward (direct and phone contact): _____ hours
C. Contacting Adult Protective Services on behalf of ward: _____ hours
D. In court on behalf of ward: _____ hours
E. Other (specify):_____ _____ hours

Signature: _____ Date:_____
.....,Guardian Ad Litem
(Name of GAL)

Sworn to before me this ____ day of _____.

_____
Notary Public

_____
Commission Expires