

*New York State, Supreme Court
Appellate Division, Third Judicial Department
P.O. Box, 7288, Capitol Station
Albany, New York 12224*

In the Matter of

CASE NO. _____

**VOUCHER FOR ASSIGNED COUNSEL
(Family Court Appeal)**

Date of assignment _____
Order or judgment appealed from _____
Date record and briefs filed _____
Date of argument of appeal (if submitted, so state) _____
Date of Appellate Division decision _____

**VOUCHER MUST BE SUBMITTED WITHIN 60 DAYS FROM
DATE OF DECISION.**

For legal services rendered by _____, with offices at
_____, as counsel assigned to represent _____
pursuant to section 1120 of the Family Court Act from _____ to
_____ .

Attach Itemized Statement of Services and Expenses

