PANEL OF COUNSEL FOR CHILDREN AND PARENTS
SUPREME COURT OF THE STATE OF NEW YORK
APPELLATE DIVISION, FIRST DEPARTMENT
41 Madison Avenue - 39th Floor
New York, NY 10010
(212) 340-0597

EXPERT SERVICES AND REPRESENTATION EXPENSE PRE-APPROVAL FORM

Date:_____

Panel Member _____

Address _____

_____Zip:_____

Telephone _____ Fax_____

Client Surname_____ Proceeding Type_____

Service Provider _____

Address_____

_____Zip:_____

Services to be Performed_____

_____

Explain Need for Services_____

_____

_____

_____

Hourly Rate_____ Total Maximum Cost _____

Allocation of Cost for Child's Share_____

Approved:

_____
Supreme/Family Court
_____County

_____
Director, Office of Counsel For Children and Parents, First Department

Date:_____

Date: _____