

**ASSIGNED COUNSEL PLAN FAMILY COURT  
INTAKE VOUCHER**

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**CITYWIDE**

MAIL COMPLETED FORM TO: 253 Broadway – Room 200, New York, NY 10007 (212) 676-0066

Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security/Tax I.D.# \_\_\_\_\_

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**INTAKE SHIFT INFORMATION**

County: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Part: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Lunch Hour: \_\_\_\_\_ Total hours worked: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

**MUST BE COMPLETED BY ATTORNEY BEFORE SUBMISSION**

**ADULTS**

NUMBER OF CASES HANDLED: \_\_\_\_\_

CASES DISPOSED: \_\_\_\_\_

TOTAL CASES RETAINED: \_\_\_\_\_

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**CERTIFIED CORRECT:** No payment or promise of payment has been requested or accepted for representing the parties listed above. Any future vouchers submitted for other services on those matters will not include a payment for these intake services. The undersigned, an attorney-at-law in the State of New York affirms the foregoing to be true under penalty of perjury.

\_\_\_\_\_  
ATTORNEY SIGNATURE

\_\_\_\_\_  
DATE

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**FOR COURT USE ONLY**

\$ \_\_\_\_\_  
PAYMENT APPROVED  
DATE

\_\_\_\_\_  
JUDGE SIGNATURE & STAMP

Voucher must be submitted within 45 days of Intake shift  
\*\* FORM ON REVERSE SIDE MUST BE COMPLETED\*\*

**PLEASE PROVIDE DETAILS OF EACH CASE ASSIGNED AS FOLLOWS:**

	DOCKET NUMBER	CLIENT'S NAME	JUDGE	ADJOURNED DATE	LG	18-B
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>
11					<input type="checkbox"/>	<input type="checkbox"/>
12					<input type="checkbox"/>	<input type="checkbox"/>
13					<input type="checkbox"/>	<input type="checkbox"/>
14					<input type="checkbox"/>	<input type="checkbox"/>
15					<input type="checkbox"/>	<input type="checkbox"/>
16					<input type="checkbox"/>	<input type="checkbox"/>
17					<input type="checkbox"/>	<input type="checkbox"/>
18					<input type="checkbox"/>	<input type="checkbox"/>
19						
20						
21					<input type="checkbox"/>	<input type="checkbox"/>

*Attach additional sheet if necessary*