Court: _____

County: _____

X

Title of Action

_____

_____

_____

X

AFFIRMATION OF SERVICES FOR PRIVATELY PAID LAW GUARDIAN

COMPENSATION FOR PERIOD:

___/___/____ to ___/___/____
Mo Day Yr *Mo Day Yr*

INDEX NO. _____/_____
No. *Yr.*

State of New York)
) **ss:**
County of _____)

_____**affirms under penalties of perjury:**
Name of Appointee

1. By order of this Court (Hon._____), dated _____, 20 ,
I was appointed Law Guardian for the following child(ren) of the parties :[1]

Name(s) of child(ren):_____

_____ *(11)*

2. During my period of service, this action/proceeding was *(Choose one by marking "X" in box)*:

☐ **contested** **OR** ☐ **not contested** *(12)*

---

[1]**Text boxes are key-numbered** *(##)* **to items on UCS 875 (Statement of Approval of Compensation).**

3. The nature of the services provided is evidenced by my time records, attached as Exhibit A, which itemize and total my charges, plus disbursements, and separately itemize and total all payments received from each party;

4. Compensation, excluding disbursements, is requested for:

a. the hours spent during the current period (see Exhibit A): _____ *(14)* *Number of Hours*

b. at the hourly rate of: $_____ per hour
(Attach, as Exhibit B, a copy of the order of appointment fixing hourly rate.)

c. for total compensation[2] of: _____ *(15)* *Total Compensation*

5. I request reimbursement for disbursements in the amount of: $_____.

WHEREFORE, I respectfully request that the Court grant fair and reasonable compensation, plus reimbursement for disbursements, for a total award of: $_____.

DATED: _____

Signature: _____

Print Name: _____

Address: _____

_____

_____

Phone/FAX: _____ / _____

Email: _____

[2]Compensation, *excluding disbursements,* is the amount to be entered in item 15 of UCS 875 (Statement of Approval of Compensation).