

ASSIGNED COUNSEL DEFENDER PLAN
DANIEL A. RUSSO, ADMINISTRATOR
320 Carleton Avenue, Suite 4300
Central Islip, NY 11722

VOUCHER FOR COMPENSATION AND/OR EXPENSES
FOR MEDICAL, INVESTIGATIVE, EXPERT OR OTHER SERVICES

To: _____ Tel No.: _____
(Name of Payee)

Address: _____

I. Case: People vs. _____

II. Court _____ Docket No: _____

(Judge Authorizing) _____ Date

III. Attorney of Record: _____

Address

IV. Nature of Services Rendered: _____

V. Total Time expended: _____ Hours; Rate per Hour \$ _____
Total Item V. \$ _____

VI. Disbursements incurred for which reimbursement is claimed: (Itemize)
\$ _____
\$ _____
\$ _____
\$ _____
Total Item VI.: \$ _____

Except as noted above, no compensation has been received from any other source nor has payment or promise of payment been requested or accepted for assisting in the representation of the above defendant.

Certified Correct

Sworn to before me this _____ day of _____, 20____
(Signature of Payee)

Approval Recommended:

Attorney for Defendant

DO NOT WRITE BELOW THIS LINE

ALLOWANCE: \$ _____

APPROVED:

APPROVED:

Administrator

Court