

ASSIGNED COUNSEL DEFENDER PLAN
 320 Carleton Avenue, Suite 4300,
 Central Islip, New York 11722
 Phone (631) 439-0539

VOUCHER FOR COMPENSATION AND EXPENSES OF APPEAL
 COUNSEL

To: _____ Tel No.: _____
 (Name of Payee - Assigned Counsel)

Address: _____

Full Name of Defendant: _____ Date Assigned: _____

Court(s): _____ Docket No.: _____

Court Appealed From: _____ Docket No.: _____

Nature of Case and Appeal: _____

DID YOU REPRESENT SAME PARTY IN LOWER COURT: YES NO:

THE NUMBER OF PAGES IN THE RECORD OF THE CASE: _____

DISPOSITION OF APPEAL: Affirmed Reversed Withdrawn Other

I. TIME SPENT IN OPEN COURT:	DATE(S)	HOURS
_____	_____	_____
_____	_____	_____
	TOTAL HOURS:	_____

II. TIME SPENT OUT OF COURT:	DATE(S)	HOURS
a. Interviews and Conferences _____	_____	_____
b. Obtaining and reviewing records _____	_____	_____
c. Legal Research and Brief Writing _____	_____	_____
d. Other (Explain) _____	_____	_____
	TOTAL HOURS:	_____

III. Counsel's fee for above services _____ \$ _____

IV. Disbursements advanced (describe on rider) _____ \$ _____

V. TOTAL CLAIMED (III plus IV) _____ \$ _____

CERTIFICATE OF CLAIMANT

I certify that this claim is just, true and correct; that no reimbursement or compensation has been, or will be, applied for or received on the same case from any other source; that the service was performed; that the prices are in accordance with Section 722 of County Law; that Federal and State taxes, from which the county is exempt, are excluded therefrom.

By typing your salutation and full name below, you authorize your digital signature to be submitted with this form

Date

Signature of Assigned Counsel

Approved for Bar Association: _____

Approved: _____

Administrator

Court

Date: _____