

**ASSIGNED COUNSEL DEFENDER PLAN OF SUFFOLK COUNTY**

**Courthouse Corporate Center  
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**VOUCHER FOR COMPENSATION FOR COURT STENOGRAPHER**

**Payee Name & Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Name of Case:** \_\_\_\_\_ **Docket #:** \_\_\_\_\_

**JUDGE WHO TOOK TESTIMONY:** \_\_\_\_\_

Type of Proceeding:  Arraignment  Application  Plea  Hearing

Trial  Sentence  Other: \_\_\_\_\_

Date of Proceeding: \_\_\_\_\_

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\*\* If there are any co-defendants & counsel please list names:

\_\_\_\_\_  
Co-Defendant Assigned Counsel

\_\_\_\_\_  
Co-Defendant Assigned Counsel

**JUDGE'S AUTHORIZATION: (Required prior to ordering transcript)**

I hereby consent that the above named Court Stenographer shall furnish minutes of the \_\_\_\_\_ to the Assigned Counsel.

\_\_\_\_\_  
Judge Signature

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

**AGREEMENT:**

I, \_\_\_\_\_ (Assigned Counsel) have ordered and received a transcript of the minutes  
Print Name

of the \_\_\_\_\_ proceeding as indicated above.

\_\_\_\_\_  
Assigned Counsel

**I certify that this claim is just, true and correct; that the services were 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.**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Court Stenographer**

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

**APPROVED FOR BAR ASSOCIATION:**

**APPROVED:**

\_\_\_\_\_  
**Administrator**

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

\_\_\_\_\_  
**Judge**

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