

ASSIGNED COUNSEL DEFENDER PLAN

Courthouse Corporate Center
320 Carleton Avenue, Suite 4300
Central Islip, New York 11722
Phone (631) 439-0539
E-Mail: info@scacp.org

Payee - Assigned Counsel

Client's Name/Address/ Date of Birth

Empty rectangular boxes for Payee and Client information.

Date Assigned: Judge Docket #:

If more than one, please add addendum page

Charges: (List Specific Penal Code Violation for all dockets):

Charges checkboxes: Felony, Misd, Violation

DISPOSITION:

Disposition checkboxes: Plea, ACOD, Dismissed, Relieved: (List Reason)

DATE OF DISPOSITION: SENTENCE:

PLEA REASONING:

Sentence: Judge:

List all Hearings conducted and motions filed and Decisions on each Motion:

Table with 3 columns: Date, Hearing/Motion, Decision

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.

IN COURT HOURS OUT OF COURT HOURS: TOTAL DUE:

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

Date Signature of Assigned Counsel:

DO NOT WRITE BELOW THIS LINE

ALLOWANCE APPROVED: \$ Date:

APPROVED FOR BAR ASSOCIATION:

BASED UPON AFFIRMATION OF ATTORNEY APPROVED:

Administrator

Judge