Court:		<u>AFFIRMATION OF SERVICES</u> FOR	
County:		PRIVATELY PAID LAW GUARDIAN	
X Title of Action		COMPENSATION FOR PERIOD: /to	
X		INDEX NO/	
State of New York County of)) ss:)		
Name of A	Appointee	affirms under penalties of perjury:	
1. By order of this Court (Hon		, dated, 20 ,	
, , , , , , , , , , , , , , , , , , , ,			
		(11)	
2. During my period of s		proceeding was (Choose <u>one</u> by marking "X" in box): not contested (<u>12</u>)	
Text boxes are kev-ni	umbered (##) to ite	ms on UCS 875 (Statement of Approval of	

Compensation).

which itemize and total my charg	ges, plus disbursements, and sepa	rately itemize and total al
payments received from each party	y;	
4. Compensation, excluding d a. the hours spent during t	(<u>14</u>) Number of Hours	
b. at the hourly rate of: (Attach, as Exhibit B, a fixing hourly rate.)	copy of the order of appointment	S per hour
c. for total compensation ²	of:	(<u>15</u>) Total Compensation
5. I request reimbursement fo	r disbursements in the amount of:	\$
WHEREFORE, I respectfully	request that the Court grant fair and	d reasonable compensation
plus reimbursement for disbursem		\$
DATED:	Signature:	
	Print Name:	
	Address:	
	Phone/FAX:	/
	Email:	

3. The nature of the services provided is evidenced by my time records, attached as Exhibit A,

²Compensation, <u>excluding disbursements</u>, is the amount to be entered in item 15 of UCS 875 (Statement of Approval of Compensation).