

**LAW GUARDIAN PROGRAM
APPELLATE DIVISION, THIRD DEPARTMENT
P.O. BOX 7288, CAPITOL STATION
ALBANY, NY 12224
(Ph.) 518-471-4825 (FAX) 518-471-4757**

**EXPERT SERVICES AND REPRESENTATION EXPENSE
PRE-APPROVAL FORM**

Date: _____

Law Guardian _____

Address _____

Zip: _____

Telephone _____ Fax _____

Client Surname _____ Proceeding Type _____

Service Provider _____

Address _____

Zip: _____

Services to be Performed _____

Explain Need for Services _____

Hourly Rate _____ Total Maximum Cost _____

Allocation of Cost for Child's Share _____

Approved:

Supreme/Family/Surrogate Court
_____ County

Director, Law Guardian Program
Third Department

Date: _____

Date _____