JC2000 AC-5067 (REV. 8/10)

## WEEKEND/HOLIDAY INTAKE VOUCHER

STATE OF NEW YORK - JUDICIARY

Α	ATTORNEY FOR	₹THE	CHILD	VOUCH	ER		AF	PPELLATE DI\	/ISION _ DEPARTN	MENT	Vou	icher No.	
Origin	nating Agency				ating Agency	Code	Interest Eligible (Y/N)			P-Contract			
Appellate Division, Supreme Court							Y						
Payment Date (MM) (DD) (YY) OCS Use Only					<del></del> -	Liability Date (MM) (DD) (YY)							
Paye	Payee ID Additional Zip Code			Zip Code		Route	Payee Amou	Amount			MIR Date (MM) (DD) (YY)		
Paye	e Name (Limit to 30 spaces)	)				IRS Code	IRS Amount						
Paye	e Name (Limit to 30 spaces)	)				Stat. Type	Statistic	Indicator	-Dept.	Indicator-S	tatewide		
Addre	ess (Limit to 30 spaces)					Ref/Inv. No. (Limit to 20 spaces)							
Address (Limit to 30 spaces)							Rev/Inv. Date (MM) (DD) (YY)						
City (	(Limit to 20 spaces)	(Limit to	to 2 spaces) ·•	State	Zip Code								
County	gal services rendered as atto y from////	to	/	_/for	r			, docko	t /index /file	number		tegories	(1, 11,
III) bel	low. Both sides must be opropriate spaces, and cl	e submitt	ted for paym	nent. Please	enter the p	primary pro							
PROCEEDING CODE: CHECK (/) ORIGINAL VOUCHER ONLY								TOTAL HOURS			AMOUNT		
NUMBER OF PETITIONS:				<u> </u>		SPENT OU	UT OF COUR	₹Τ		_		1	
			_	<b>-</b>	III. E	EXPENSE	OF		Salt e.			<del></del>	
			<u> </u>			PRESENTA	ATION /ED BY JUDG	GE TOTAL	T	<del></del>		$\frac{}{}$	
	USE OF ATTORNEY			-	tify that the	above staten	nent of		STATE COMPTROLLER'S PRE-ALII			RE-AUDI	т
that no	o part thereof has been paid which the State is exempt an	d except a	as stated there	in and that the							CERT	IFIED FO	
************				···					Verified		PAYMENT		
	SIGNATUR USE OF JUDGE: I her ed for such services is fair a	reby certi			the above st	DATE tatement of se	ervices the tota	al fee	Audited		OF THE TOTAL FEE AMOUNT		* 12 July
awa	Al 10f Such services is i.i	anu just	ing is set ion.	1 above.					Special A		TUIAL	EE AMU	UNI
SIGNATURE DATE					DATE				(As Required)		Ву		
	APPELLATE DIVISION Approved.	ON USE	EONLY: I ho	creby certify the	hat this you	icher is corre	et and just and	1 payment is					
	AUTHORIZED SIG	JNATUR				DATE		,					
Expenditure  Cost Center Code Accum								Liqu			idation		
Dept.		r. Yr	Object		tatewide		Amount	Orig	Orig.Agency PO/0		ontract	Line	F/P
		$\top$											

				ATTORNE	EY ACTIVITY SHEET	Page:
Client Na	me:					Docket #:
Date	Hours (.10s) Activity O/C I/C Code				Summarize Activities	
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				- Mildernitus		
				The state of the s		
Hours	•	•			Page Totals	Expenses
B	des: Review D . Client Into . Travel . Phone/Co	ocuments erview	F. L G. I	egal Drafting egal Research nvestigation All Other	II. In-Court  J. Initial Appearance L. Fact-Findin, K. Pre-trial Hearings M. Disposition N. All Other	III. Other  g P. Expenses (list along right side of form)  (Rev 2.7 7/1/99)