

VOUCHER FOR COMPENSATION AND EXPENSES OF APPOINTED COUNSEL UNDER ARTICLE 18-B OF THE COUNTY LAW

TO THE COMPTROLLER OF THE CITY OF NEW YORK

S. S. # _____ T.I.N.# _____

(Name of Payee)

(Address - Street and City)

Pursuant to the authorization by order of the Appellate Division, Second Judicial Department of the State of New York, dated _____ appointing counsel in the case of PEOPLE OF THE STATE OF NEW YORK, Respondent, against _____ Appellant, Appeal No. _____, claim hereby is made for compensation and expenses of representation.

I. NATURE OF APPEAL _____

II. ARGUED SUBMITTED DATE: _____

III. DECISION - Affirmed Reversed Modified Date: _____

IV. DID YOU REPRESENT APPELLANT IN LOWER COURT? _____

V. THE RECORD CONSISTS OF _____ PAGES OF TESTIMONY AND _____ OTHER DOCUMENTS

VI. TIME SPEND IN OPEN COURT Date No. of Hours

VII. TIME SPENDING PREPARATION (OUT OF COURT) No. of Hours

- (a) Interviews and conferences
(b) Obtaining and reviewing records
(c) Legal research and brief writing
(d) Other (submit an affidavit detailing the dates and number of hours expended in conjunction with the services rendered under Item VII.)

VIII. EXPENSES OF REPRESENTATION (Itemize): \$

IX. If compensation and/or reimbursement for representation in this case has been applied for or received, so state: _____

AMOUNT CLAIMED

Partial _____ Final _____
Item VI _____ hrs.
Item VII _____ hrs.
Item VIII \$ _____

Certified Correct. Payment has not been received and, except as noted in Item IX above, no payment or promise of payment has been requested or accepted for representing the above appellant. The undersigned, an attorney at law of the State of New York, as assigned counsel for the appellant aforesaid, affirms the foregoing to be true under penalty of perjury.

Dated: _____ 20

Assigned Counsel

DO NOT WRITE IN THIS SPACE FOR COURT USE ONLY

AMOUNT ALLOWED

Item VI \$ _____
Item VII \$ _____
Item VIII \$ _____
Total \$ _____

Dated: _____ 20

Presiding Justice of the Appellate Division, Second Judicial Department