

**ASSIGNED COUNSEL PLAN FAMILY COURT
INTAKE VOUCHER
CITYWIDE**

MAIL COMPLETED FORM TO: 253 Broadway – Room 200, New York, NY 10007 (212) 676-0066

Attorney Name: _____

Address: _____

Telephone: _____

Social Security/Tax I.D.# _____

INTAKE SHIFT INFORMATION

County: _____

Date of Service: _____

Part: _____

From: _____ To: _____ Lunch Hour: _____ Total hours worked: _____ Amount Requested: _____

MUST BE COMPLETED BY ATTORNEY BEFORE SUBMISSION

ADULTS

NUMBER OF CASES HANDLED: _____

CASES DISPOSED: _____

TOTAL CASES RETAINED: _____

CERTIFIED CORRECT: No payment or promise of payment has been requested or accepted for representing the parties listed above. Any future vouchers submitted for other services on those matters will not include a payment for these intake services. The undersigned, an attorney-at-law in the State of New York affirms the foregoing to be true under penalty of perjury.

ATTORNEY SIGNATURE

DATE

FOR COURT USE ONLY

\$ _____
PAYMENT APPROVED
DATE

JUDGE SIGNATURE & STAMP

Voucher must be submitted within 45 days of Intake shift
** FORM ON REVERSE SIDE MUST BE COMPLETED**

PLEASE PROVIDE DETAILS OF EACH CASE ASSIGNED AS FOLLOWS:

	DOCKET NUMBER	CLIENT'S NAME	JUDGE	ADJOURNED DATE	LG	18-B
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>
11					<input type="checkbox"/>	<input type="checkbox"/>
12					<input type="checkbox"/>	<input type="checkbox"/>
13					<input type="checkbox"/>	<input type="checkbox"/>
14					<input type="checkbox"/>	<input type="checkbox"/>
15					<input type="checkbox"/>	<input type="checkbox"/>
16					<input type="checkbox"/>	<input type="checkbox"/>
17					<input type="checkbox"/>	<input type="checkbox"/>
18					<input type="checkbox"/>	<input type="checkbox"/>
19						
20						
21					<input type="checkbox"/>	<input type="checkbox"/>

Attach additional sheet if necessary