

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

2020 (Rev.12/92)

**STATE
OF
NEW YORK**

**VOUCHER FOR ASSIGNED COUNSEL,
PSYCHIATRIST OR PHYSICIAN**

Voucher No. _____

1. Originating Agency		Orig. Agency Code	Interest Eligible (Y/N)		P-Contract
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
3. Payee ID	Additional	Zip Code	Route	Payee Amount	
4. Payee Name (Limit to 30 spaces)				IRS Code	IRS Amount
Payee Name (Limit to 30 spaces)				Stat. Type	Statistic
Address (Limit to 30 spaces)				5. Ref/Inv. No./Surname	
Address (Limit to 30 spaces)				Ref/Inv. Date (MM) (DD) (YY)	
City (Limit to 20 spaces)		(Limit to 2 spaces) ▶	State	Zip Code	
6. NATURE OF PROCEEDING (Check One)				Statutory Authority for Payment:	
<input type="checkbox"/> HABEAS CORPUS <input type="checkbox"/> OTHER CIVIL PROCEEDING				JURISDICTION OF COURT (Check One) <input type="checkbox"/> ORIGINAL <input type="checkbox"/> APPELLATE	

7. REQUIRED BILLING INFORMATION

ALL SECTIONS MUST BE COMPLETED FOR PAYMENT TO BE MADE

A. Type of Service rendered Legal Psychiatrist Physician Psychologist Other

B. Judge's Name: _____ C. Court Docket/Index/File Number(s): _____

8.

DATE(S)	SUMMARY OF SERVICES PROVIDED:	AMOUNT	
		DOLLARS	CENTS
TOTAL FEE:			

TWO OR MORE PROFESSIONALS ASSIGNED TO CASE (PHYSICIANS, PSYCHIATRISTS, OR COUNSEL)

9. CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE STATEMENT OF SERVICES IS TRUE AND CORRECT, AND THAT NO PART THEREOF HAS BEEN PAID EXCEPT AS STATED THEREIN AND THAT THE BALANCE STATED IS DUE AND OWING AND THAT TAXES FROM WHICH THE STATE IS EXEMPT ARE EXCLUDED THEREFROM.		
_____ SIGNATURE	_____ DATE	_____ SOCIAL SECURITY NUMBER
10. COURT USE: I HEREBY CERTIFY THAT IN ACCORDANCE WITH THE ABOVE STATEMENT OF SERVICES, THE TOTAL FEE AWARDED FOR SUCH SERVICES IS FAIR AND JUST AND IS SET FORTH ABOVE.		
_____ SIGNATURE	_____ DATE	_____ COUNTY
11. FOR APPELLATE DIVISION USE ONLY: I HEREBY CERTIFY THAT THIS VOUCHER IS CORRECT AND JUST AND PAYMENT IS HEREBY APPROVED.		
_____ SIGNATURE	_____ DATE	

INSTRUCTIONS FOR PREPARING VOUCHERS FOR ASSIGNED COUNSEL, PSYCHIATRISTS OR PHYSICIANS (JC 2020)

Assigned Counsel, Psychiatrist or Physician must complete the numbered blocks on the face of the form as indicated below:

Box 3. Payee ID - Enter the nine digit federal social security number. If payment should be made to your firm for tax purposes, enter the firm's federal tax identification number here.

Box 4. Payee name/address/city/state/zip code - Enter full name and address, including zip code. If the business identification number is used in Box 3 above, enter the firm's name in the first payee name position and the individual's name in the second payee name position.

(Un-numbered) Indicator-Dept/County - Enter the County in which services were performed. This is **limited to five spaces so use the first five letters of the County name.**

Box 5. Ref/Inv.No/Surname - Enter the last name of the subject for whom the services were performed. This box is limited to twenty spaces. Use the Ref/Inv. date box below for the date(s) services were performed.

Box 6. Nature of Proceeding - Check appropriate box. For type of proceeding, indicate the statutory authority for payment. Check if court is of original or appellate jurisdiction. (If you do not know the statute, this information will be provided by the court.)

Box 7. Required Billing Information - Indicate in items A through D, respectively, the type of service rendered, the judge's name, court docket index file number(s), and the period of service rendered.

Box 8. Summary of Services Provided - Enter the date(s), service description and dollar amount to be reimbursed. Enter the total fee being charged in the "Total Fee" box.

Box 9. Certification - The individual or person authorized to claim fees on behalf of the firm must sign and date. Enter the social security identification number only if different than box 3, payee identification number.

Judge/Justice Making Assignment:

1. Review entire form as submitted by court-appointed professional, including the statutory authority cited, for accuracy and completeness.
2. Indicate, in the appropriate box, whether more than one counsel, psychiatrist or physician has been assigned to this case.
3. Insure that the total fees claimed are within the guidelines established by Administrative Order of the Chief Administrator transmitted as Budget Bulletin Number 223. Adjust the total fee line as appropriate.
4. If acceptable, sign and complete box 10 for court use, including signature, date and county of assignment.
5. As soon as possible for prompt payment, submit the original and one file copy to the Appellate Division Administrative Office and retain one copy for the Court's file.

Appellate Division Only:

1. Enter all fiscal data, including originating agency, agency code liability date (normally the last date of service), Merchandise Invoice Received date (MIR), IRS Code, expenditure data and assignment of voucher number.
2. An employee authorized to approve fiscal documents must sign and date block 11, **For Appellate Division Use Only. Vouchers must be received by OSC within 22 days of the MIR date in order to avoid interest penalties.** The MIR Date is the date the voucher was received by the local court.