

STATE OF NEW YORK UNIFIED COURT SYSTEM

ATTORNEYS FOR CHILDREN



MINUTE ORDER FORM AND RECEIPTS

SECTION I. REQUEST FOR MINUT	ES (To be Completed by Attorney)		
Attorney Name:			
Court Reporter Name:			
Part:	Court:	County:	
In the Matter of:		_vs	
Date(s) of Minutes Reques	ted:		
Docket/File/Index#:			
# of Copies Ordered:	Purpose:		
Type of Recording (Check one)	□ Stenographer	Mechanical Recording	
Type of Order (Check one)	Regular Delivery	Expedited Delivery	Daily Delivery
SECTION IL. COURT ORDER AND A	AUTHORIZATION FOR MINUTES (To	be Completed by Presiding Judge	/lustice)
IT IS HEREBY ORDERED, that	t the above listed request is hereby g		
in the above action to:			
	Attorneys For Children	🗌 Court	
Type of Order (Check one)	□ Regular Delivery	Expedited Delivery	Daily Delivery
Judge/Justice:		Date:	
	Judge/Justice Signature		
SECTION III - ATTORNEY ACKNOWLEDGMENT OF RECEIPT FOR MINUTES. (To be completed by Attorney)			
This is to acknowledge receipt of a copy of minutes in the above-entitled action, consisting of pages.			
AFC Attorney:		Date:	
	AFC Attorney Signature		
SECTION IV - CLERK ACKNOWLEDGMENT OF RECEIPT OF MINUTES. (To be completed by Clerk or Designee)			
RECEIVED from the above-named Reporter(s) original for Court file in the above-entitled action, consisting of pages.			
Type of Order (Check one)	□ Regular Delivery	Expedited Delivery	Daily Delivery
Clerk or Designee:		Date:	
	Clerk or Designee Signature		
SECTION V - AUTHORIZATION FOR BILLING. (To be completed by AFC Office)			
PAYMENT AUTHORIZED FOR:	pages, at \$	per page.	
Total Reimbursment: \$		AFC Director:	
	Total		Signature