

**ASSIGNED COUNSEL PLAN
722-c SERVICES - EXPERT VOUCHER
FAMILY COURT**

RESPONDENT'S NAME _____

NAME OF PAYEE _____

DOCKET(S)# _____

EXPERTISE _____

DATE OF ORDER OF ASSIGNMENT
(ORDER MUST BE ATTACHED)

S.S. OR TAX PAYER I.D.# _____

COUNTY _____

COURT _____

STREET ADDRESS _____

ASSIGNED ATTORNEY _____

CITY, STATE, ZIP CODE _____

JUDGE _____

(_____) _____
TELEPHONE NUMBER

THIS VOUCHER REPRESENTS A CLAIM MADE FOR COMPENSATION FOR SERVICES RENDERED:

EXPERT REQUEST (WORK SHEETS MUST BE COMPLETED - HOURS ON WORKSHEET MUST AGREE WITH TOTAL HOURS BILLED).

A. TOTAL HOURS BILLED _____ AT \$ _____ FEE /HOURLY RATE = \$ _____
 WAS THIS CASE APPORTIONED YES _____ NO _____
 IF YES HOW MANY ADULTS _____ CHILDREN _____

BILLED TO CITY: \$ _____ BILLED TO STATE: \$ _____ BILLED PRIVATELY: \$ _____

B. ITEMIZED EXPENSES (ATTACH ADDITIONAL SHEET IF NECESSARY; RECEIPT MUST BE ATTACHED)

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

(MUST BE COMPLETED)

HAS COMPENSATION AND/OR REIMBURSEMENT IN THIS CASE PREVIOUSLY BEEN APPLIED FOR OR RECEIVED?
 YES ___ NO ___ IF YES, SPECIFY AMOUNT AND CIRCUMSTANCES: _____

THE ABOVE INFORMATION IS CERTIFIED CORRECT. SWORN TO BEFORE ME THIS _____
 DAY OF _____, _____.

CLAIMANT

NOTARY PUBLIC

EXPERT COMPUTATION

_____ HRS _____ RATE \$ _____

EXPENSES \$ _____

TOTAL \$ _____

(DO NOT WRITE BELOW THIS LINE)
APPROVED BY COURT

_____ HRS \$ _____

EXPENSES \$ _____

TOTAL \$ _____

APPROVED AS SUBMITTED

ADJUSTED

COMMENTS: _____

MUST BE LEGIBLE
RETAIN A COPY FOR YOUR RECORD

JUDGE SIGNATURE AND STAMP

