

**BROOME COUNTY
FAMILY COURT VOUCHER FOR ASSIGNED COUNSEL**

SUBMIT TO FAMILY COURT WITHIN 60 DAYS OF DISPOSITION

Pay to: _____

Address: _____

SSN or TIN: _____ Vendor Number:* _____

Client: _____ Assigned Date: _____

Case Number:* _____ Disposition Date: _____

Docket No: _____ Final Disposition: _____

Assign Judge: _____ Disposition Judge: _____

* Vendor/Supplier number may be obtained from Audit & Control or from check remittance
*Case Number may be found on the Assigned Counsel Determination Sheet

FAMILY COURT BILLING SECTION:				
TOTAL HOURS:	_____	hrs @	\$75.00	= _____
COPIES:				
<i>(indicate number of copies)</i>	_____	x rate	0.10	= _____
EXPERT/INVESTIGATIVE				= _____
<i>(attach documentation)</i>				
OTHER EXPENSES (specify)				= _____
<i>(attach documentation)</i>				
TOTAL AMOUNT DUE				= _____

CERTIFICATION BY ATTORNEY:

I hereby certify that the above statement of contractual services and the accompanying worksheet from which the totals were transferred are true and accurate, and that no part has been paid except as stated therein and that the balance stated is actually due and owing.

Date Signature of Attorney

JUDICIAL APPROVAL OF VOUCHER

This voucher has been approved by the undersigned Court in the amount indicated. If the amount approved is in excess of the statutory maximum, I find extraordinary circumstances to justify payment and ORDER Broome County to pay the total fee and expenses specified above.

Date Judge's Signature