

**NASSAU COUNTY BAR ASSOCIATION
ASSIGNED COUNSEL DEFENDER PLAN
15th & West Streets
Mineola, NY 11501
Phone 516 747 8448
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VOUCHER FOR COMPENSATION AND EXPENSES OF APPEAL COUNSEL

To: _____
(Name of Payee - Assigned Counsel)

Address: _____

Full Name of Defendant: _____

Court: _____ Date Assigned: _____ Docket # _____

Court Appealed from: _____ Docket # _____

Nature of Case and Appeal: _____

DID YOU REPRESENT SAME PARTY IN LOWER COURT: YES _____ NO _____
THE NUMBER OF PAGES IN THE RECORD OF THE CASE _____

Disposition of Appeal: Affirmed () Reversed () Withdrawn () Other ()

I. TIME SPENT IN OPEN COURT : **HOURS** **Date(s)** **Hours**

Total hours: _____

II. TIME SPENT OUT OF COURT:
(a) Interviews and conferences: _____
(b) Obtaining and reviewing records _____
(c) Legal research and brief writing _____
(d) Other (Explain) _____
Total hours: _____

III. DISBURSEMENTS ADVANCED: _____ **Amount**

Total: _____

IV. MONEYS RECEIVED OR TO BE RECEIVED DIRECTLY FROM DEFENDANT
Total: _____ **Amount** _____

Payment has not been received and, except as noted in Item IV, above, no payment or promise of payment has been requested or accepted for representing the above defendant. The undersigned, an attorney at law in New York State, as assigned counsel for the defendant aforesaid, affirms the foregoing to be true under penalty of perjury.

Date: _____
Assigned Counsel (sign here)

(Do not write below this line)

ALLOWANCE: I. \$ _____ II. \$ _____ III. \$ _____ : TOTAL \$ _____

Approved: FOR TRANSMITTAL ONLY.

APPROVED:

Administrator

Court