

**ASSIGNED COUNSEL DEFENDER PLAN
BAR ASSOCIATION OF NASSAU COUNTY N.Y. INC.
15th & West Streets
Mineola, NY 11501
Administrator, Robert M. Nigro
516-747-8448**

VOUCHER FOR COMPENSATION FOR COURT REPORTERS

TO: _____ **Phone #** _____

ADDRESS: _____

I. CASE: PEOPLE v. _____
II. COURT: _____ **DOCKET NO.** _____
JUDGE: _____ **DATE:** _____

(Please attach order authorizing expenditure)

III. ATTORNEY OF RECORD: _____
ADDRESS: _____

IV. NATURE OF SERVICES: STENOGRAPHIC MINUTES
NUMBER OF PAGES: _____ **RATE PER PAGE:** _____

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(Signature of Payee)

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ALLOWANCE: \$ _____

APPROVED FOR TRANSMITTAL ONLY

APPROVED:

Robert M. Nigro
Administrator

Judge

Court