VOUCHER- NASSAU COUNTY ASSIGNED COUNSEL DEFENDER PLAN

TO: _____ _____

Payee- Assigned Counsel **Client's Full Name**

_____ _____ _____ _____ _____

Telephone# Date Assigned Assigning Judge Court Docket

Charges: Felony ( ) Misdemeanor ( ) Violation ( ) Highest Charge: _____ Disposition: Plea ( ) Trial ( )

Sentence_____ Sentencing Judge _____

Case Synopsis: _____

_____

_____

I. In Court Time

Date	From	To	Total Hours	Judge	Activity

Total Hours in Court _____

II. Out of Court Time

Date	Total Hours	Activity	Date	Total Hours	Activity

Total Hours Out of Court _____

III. Disbursements Advanced (Attach Rider Describing Same) **Total : _____**

IV. Monies Received Directly From Client **Total: _____**

I hereby affirm under penalty of perjury that the information on this voucher is correct, that payment has not been received and, except as noted in item IV above, that no payment or promise of payment has been requested or accepted for representing the above client.

Date _____

_____

DO NOT WRITE BELOW THIS LINE **Assigned Counsel Sign Here**

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

BASED UPON AFFIRMATION OF ATTORNEY

APPROVED FOR TRANSMITTAL ONLY **APPROVED:**

_____ _____

Administrator **Judge Court**

Date _____ **Date_____**