FAMILY COURT VOUCHER - NASSAU COUNTY ASSIGNED COUNSEL DEFENDER PLAN

TO_____ _____

Payee - Assigned Counsel | Client's Full Name

_____ _____ _____ _____

Telephone # | Date Assigned | Assigning Judge | Docket #

Proceeding: Custody ( ) Visitation ( ) Family Offense ( ) Art 10 ( ) Other ( )_____

Disposition _____ Disposition Judge_____

Case Synopsis: _____

_____

_____

I. In Court Time

Date	From	To	Total Hours	Judge	Activity

Total Hours in Court _____

II. Out of Court

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 in 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_____