

## STATE OF NEW YORK - UNIFIED COURT SYSTEM

## SUPREME COURT

ASSIGNED COUNSEL VOUCHER - Judiciary Law 35(8)

Voucher ID:

## PLEASE SEE INSTRUCTIONS FOR MORE INFORMATION AND REQUIRED DOCUMENTATION

## VENDOR INFORMATION

1. Vendor Name: 2. Vendor Identification Number:

3. Business Name:

4. Address:

City: State: Zip Code: County:

5. Docket/Index/File#: 6. Ref/Inv#: 7. Date:

8. For legal services rendered pursuant to subdivision 8 of section 35 of the Judiciary Law as assigned counsel in the Supreme Court of \_\_\_\_\_ County during the period from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ for \_\_\_\_\_ Docket/Index/File number: \_\_\_\_\_.

9	Total Hours	Amount	
		Dollars	Cents
I. Out-of-Court Hours:			
II. In-Court Hours:			
III. Expenses:			
<b>TOTAL FEE:</b>			

## ASSIGNED COUNSEL CERTIFICATION

10. I hereby certify that the above statement of the legal services provided is true and correct, that no other claim for payment has been made for the time stated therein, and that no part thereof has been paid except as stated therein and that the balance stated is due and owing and that taxes from which the State is exempt are excluded therefrom.

SIGNATURE

DATE

By typing your salutation and full name below, you authorize your digital signature to be submitted with this form

## FOR USE OF SUPREME COURT JUSTICE

11. I hereby certify that in accordance with the above statement of services, the total fee awarded for such services is fair and just and is set forth above.

SIGNATURE

DATE

## FOR UCS ADMINISTRATIVE PURPOSES ONLY

12. I hereby certify that this voucher is correct and just and payment is hereby approved.

SIGNATURE

DATE

## FOR UCS BUDGET PROCESSING OFFICE ONLY

Business Unit	Amount	Dept.	Program	Fund	Account	Bud Ref	Oper Unit	ChartField 1
ChartField 2	Budget Date					Liability Date:		Merch/Inv. Rec'd Date:

State of New York - Unified Court System

## Supreme Court

Assigned Counsel - Judiciary Law 35(8)

## Instructions for Preparing Assigned Counsel Judiciary Law 35(8) Voucher

**Voucher ID:** -Agency Internal Use Only

1. **Vendor Name:** For individuals, enter the name of the vendor as it appears in SFS.
2. **Vendor Identification Number:** Enter the ten digit number provided by the Office of the State Comptroller to conduct business in New York State. If payment should be made to your firm, please enter the firm's vendor ID#. (If you do not have a Vendor ID, please contact the appropriate Appellate Division).
3. **Business Name:** Enter the Legal Business name as it appears in SFS.
4. **Address:** Enter the physical address as it appears in SFS (For change of address, please refer to [www.osc.state.ny.us/vendors/forms/add\\_change\\_change\\_delete.pdf](http://www.osc.state.ny.us/vendors/forms/add_change_change_delete.pdf))
5. **Docket/Index/File#:** Enter the appropriate court docket, index or file number(s) associated with the case.
6. **Ref/Inv#:** Enter last name of client for whom services were performed or invoice number.
7. **Date:** Enter the date the voucher is submitted.
8. Indicate the county, the period of service rendered, the name of the client for whom the services were performed and the appropriate court docket, index or file number(s).
9. **Total Hours and Amount:**  
**I-** Enter total Out-of-Court hours and amount in dollars and cents  
**II-** In-Court hours and amount in dollars and cents.  
**III-** Enter total Expenses in dollars and cents.  
Enter the total fee being charged to the State in the "Total Fee" box in dollars and cents.
10. **Assigned Counsel Certification:** The assigned Counsel must sign and date the Certification.

### **Attached Required Documentation:**

The following documentation must be submitted with the voucher for payment:

- a. A copy of the Court Order authorizing payment (If available)
- b. AC 35(8) Worksheet- Complete and attach worksheet, by entering the time expended in real time (hours and minutes), 9:00 a.m. - 9:10 a.m.
- c. An affirmation of extraordinary circumstances is required for any voucher requesting payment in excess of \$4,400.00.