ASSIGNED COUNSEL DEFENDER PLAN OF SUFFOLK COUNTY
Courthouse Corporate Center
320 Carleton Avenue, Suite 4300
Central Islip, New York 11722
(631) 439-0539
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FAMILY COURT VOUCHER FOR COMPENSATION AND EXPENSES

PAYEE:	**CLIENT NAME:** ☐ Petitioner ☐ Respondent **DATE OF BIRTH:** _____

☐ CUSTODY _____ Docket #
☐ VISITATION _____ Docket #
☐ FAMILY OFFENSE _____ Docket #
☐ ARTICLE 10 _____ Docket #
☐ ABUSE _____ Docket #
☐ MODIFICATION _____ Docket #
☐ OTHER _____ Docket #

PARTIES INVOLVED: _____ Petitioner Attorney _____ Respondent Attorney

_____ Law Guardian _____ Other # of PETITIONS: _____

Date Assigned : _____ Judge: _____ Date Disposition: _____

DISPOSITION: ☐ **Dismissed** ☐ **Withdrawn** ☐ **Foster Care Continued** ☐ **Order of Support**

☐ **Voluntary Surrender** ☐ **Adoption** ☐ **Placement relative/agency** ☐ **Return of Child to Parent**

☐ **Order of Filiation** ☐ **Termination of Parental Rights** ☐ **Order of Support**

☐ **Order of Protection** ☐ **Voluntary Surrender** ☐ **Order of Custody/Visitation**

☐ **ACOD** ☐ **Dismissed** ☐ **Finding Neg/Admission** ☐ **Trial** _____

☐ **Money Judgment** ☐ **Previous Order Modified** ☐ **Relieved:** _____
(list Reason)

☐ **Other:** _____

List all Hearings conducted and motions filed with their Decision on Activity Sheet

TOTAL HOURS IN COURT: _____ **OUT OF COURT:** _____
TOTAL AMOUNT DUE: **$**_____

PLEASE ATTACH AFFIRMATION OF SERVICES

List all prior Vouchers submitted:

Voucher Number:	Dates of Service	Amount
_____	_____	_____
_____	_____	_____

If the total amount submitted on case is over the statutory cap, which includes any amounts previously billed on prior vouchers, an Order approving such fee is required.

CERTIFICATE OF CLAIMANT

I certify that this claim is just, true and correct; that no reimbursement or compensation has been, or will be, applied for or received on the same case from any other source; that the service was performed; that the prices are in accordance with Section 722 of County Law; that Federal and State taxes from which the county is exempt are excluded therefrom.

_____ DATE

_____ Signature of Assigned Counsel

APPROVAL BASED UPON AFFIRMATION OF ATTORNEY

ALLOWANCE APPROVED: $ _____

_____ **Administrator**

_____ **Judge**
Date: _____