

**AFFIRMATION FOR SERVICES OTHER THAN COUNSEL IN CRIMINAL COURT
AND SUPREME COURT CRIMINAL TERM UNDER ARTICLE 18-B OF THE
COUNTY LAW, SECTION 722-c**

_____ COURT OF THE STATE OF NEW YORK, COUNTY OF _____

THE PEOPLE OF THE STATE OF NEW YORK
vs.

DEFENDANT

TOP CHARGE

INDICTMENT NUMBER

DOCKET NUMBER

1. I, _____ (attorney name), am duly licensed to practice law in the State of New York, and hereby affirm, under penalty of perjury, that the following is true:
2. By order of this Court (Hon. _____), dated _____, 20__, I was assigned to the above-referenced case.
3. The above-referenced defendant is financially unable to obtain investigative, expert or other services necessary to an adequate presentation of (his)(her) case.
4. For the following reasons, services other than counsel are necessary on behalf of the above-referenced defendant.

Justification for appointment of expert and anticipated work to be performed:

5. It is requested that services be rendered by the expert indicated below (whose *curriculum vitae* is attached) and it is further requested that the Court set a reasonable compensation rate. In setting a reasonable compensation rate, the Court may be guided by the attached payment guidelines set forth in the Administrative Order of the Chief Administrator of the Courts.

NAME

NATURE OF SERVICES

STREET ADDRESS

WHEREFORE, I respectfully request that the Court authorize the necessary and reasonable services of _____ (name of expert), in accordance with Article 18-B, Section 722-c of the County Law.

AND upon rendition of such services, I shall be authorized to present to the Court a claim for compensation not to exceed the statutory cap of \$1,000, at which time the Court will determine reasonable compensation for the services rendered and direct the City of New York to pay such amount to the expert/professional or to such other person entitled to that compensation. Payment of fees exceeding the \$1,000 cap will be contingent upon receipt of an affirmation detailing the extraordinary circumstances requiring work in excess of the cap.

Dated this _____ day of _____, 20_____.

Signature: _____

Print Name: _____

Address: _____

