

**ASSIGNED COUNSEL PLAN
ATTORNEY VOUCHER
CITYWIDE**

Defendant's Name _____	Name of Attorney _____
AKA _____	S.S. or Tax Payer ID# _____
Docket/Indictment Number(s) Hom Fel Misd. Viol _____	Street Address _____
Date of Assignment _____	City, State, Zip Code _____
County _____	Telephone Number _____
Check Highest Charge	

DISPOSITION DATA: (check applicable disposition)

Dismissal 10 ___ Justice 01 ___ Speedy Trial 02 ___ No True Bill 03 ___ ACD 04 ___ Insp. of G.J. Min. 05 ___ After Prem. Hear. 06 ___ Plead to Other Case 07 ___ Complaint Withdrawn 08 ___ Mot. To Suppress Granted 09 ___ Other 10	Plea 20 ___ Highest Charge 11 ___ Lesser Charge ___ Fel. 12 ___ Misd. 13 ___ Viol. 14 ___ Not Responsible 15	Special Proceeding 30 ___ Lineup 16 ___ Trial Witness 17 ___ Grand Jury ___ Witness 18 ___ Grand Jury ___ Defendant 19 ___ Sex Offender Registration 20 ___ Extradition 21 ___ Parole Violation 22	Other 40 ___ Defendant Absconded 23 ___ Deceased 24 ___ Attorney Relieved ___ Private Counsel 25 ___ Attorney's Request 26 ___ Defendant's Request 27 ___ Court Sum Spente 28 ___ Defendant Incompetent 29 ___ Transferred to Family Court 30 ___ Waived Grand Jury ___ Transferred to Supreme Court 31 ___ Other Specify 32
Judge Trial 50 ___ Acquittal 33 ___ Not Responsible 34 ___ Mistrial 35 ___ Conviction of ___ Highest Charge 36 ___ Conviction of ___ Lesser Charge ___ Fel. 37 ___ Misd. 38 ___ Viol. 39	Jury Trial 60 ___ Acquittal 40 ___ Not Responsible 41 ___ Mistrial 42 ___ Conviction of ___ Highest Charge 43 ___ Conviction of ___ Lesser Charge ___ Fel. 44 ___ Misd. 45 ___ Viol. 46	Probation Violation 70 ___ Guilty 47 ___ Not Guilty 48 ___ Discharged 49 ___ Dismissed 50 ___ Restored 51	Sentence 80 ___ Imprisonment 52 ___ Time Served 53 ___ Fine 54 ___ Probation 55 ___ Conditional Discharge 56 ___ Unconditional Discharge 57 ___ Participation in Drug/other Program 58 ___ Y.O. Granted 59

Date of Disposition _____ Judge/Justice _____ (Please print) _____ Court Part _____

MINUTES: [] No minutes supplied in case [] A receipt for minutes is attached
ORDER OF ASSIGNMENT MUST BE ATTACHED

It is certified under penalty of perjury that the hours and expenses contained in this voucher are correct and the hours billed are not duplicative of other time periods submitted. No payment has been requested or received in this case except: Amount \$ _____ Date: _____

Reason: _____
 Attorney Signature: _____ Date Submitted: _____

Attorney Request:

To 12/31/03 Hours In-Court _____ @ \$40 \$ _____ Hours Out-of-Court _____ @ \$25 \$ _____ Expenses: (Receipt must be attached) \$ _____ Total \$ _____	After 1/01/04 Felony Hours In-Court _____ @ \$75 \$ _____ Hours Out-of-Court _____ @ \$75 \$ _____ Expenses: (Receipt must be attached) \$ _____ Total \$ _____ Misdemeanor Hours In-Court _____ @ \$60 \$ _____ Hours out-of-Court _____ @ \$60 \$ _____ Expenses: (Receipt must be attached) \$ _____ Total \$ _____
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Total Requested: \$ _____

Judge/Justice Approval:

FOR COURT USE ONLY

To 12/31/03 Hours In-Court _____ @ \$40 \$ _____ Hours Out-of-Court _____ @ \$25 \$ _____ Expenses: \$ _____ Total \$ _____	After 1/01/04 Felony Hours In-Court _____ @ \$75 \$ _____ Hours Out-of-Court _____ @ \$75 \$ _____ Expenses: \$ _____ Total \$ _____ Misdemeanor Hours In-Court _____ @ \$60 \$ _____ Hours out-of-Court _____ @ \$60 \$ _____ Expenses: \$ _____ Total \$ _____
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Total Approved: \$ _____

Judge/Justice Signature and Stamp _____ Date _____

