

**ASSIGNED COUNSEL PLAN
722-C SERVICES - EXPERT VOUCHER
FAMILY COURT**

RESPONDENT'S NAME _____

NAME OF PAYEE _____

DOCKET(S) # _____

EXPERTISE _____

DATE OF ORDER OF ASSIGNMENT
(ORDER MUST BE ATTACHED) _____

S.S. OR TAX PAYER I.D.# _____

COUNTY _____ COURT _____

STREET ADDRESS _____

ASSIGNED ATTORNEY _____

CITY, STATE, ZIP CODE _____

JUDGE _____

()
TELEPHONE NUMBER _____

THIS VOUCHER REPRESENTS A CLAIM MADE FOR COMPENSATION FOR SERVICES RENDERED:

EXPERT REQUEST (WORK SHEETS MUST BE COMPLETED - HOURS ON WORKSHEET MUST AGREE WITH TOTAL HOURS BILLED).

A. TOTAL HOURS BILLED _____ AT \$ _____ FEE/HOURLY RATE- \$ _____

WAS THIS CASE APPORTIONED YES _____ NO _____

IF YES HOW MANY ADULTS _____ CHILDREN _____

BILLED TO CITY: \$ _____ BILLED TO STATE: \$ _____ BILLED PRIVATELY: \$ _____

B. ITEMIZED EXPENSES (ATTACH ADDITIONAL SHEET IF NECESSARY; RECEIPT MUST BE ATTACHED)

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

(MUST BE COMPLETED)

HAS COMPENSATION AND/OR REIMBURSEMENT IN THIS CASE PREVIOUSLY BEEN APPLIED FOR OR RECEIVED?

YES _____ NO _____ IF YES, SPECIFY AMOUNT AND CIRCUMSTANCES: _____

THE ABOVE INFORMATION IS CERTIFIED CORRECT. SWORN TO BEFORE ME THIS _____ DAY OF _____,

CLAMANT _____

NOTARY PUBLIC _____

EXPERT COMPUTATION

_____ HRS _____ RATE \$ _____

EXPENSES \$ _____

TOTAL \$ _____

(DO NOT WRITE BELOW THIS LINE)

APPROVED BY COURT

_____ HRS \$ _____

EXPENSES \$ _____

TOTAL \$ _____

APPROVED AS SUBMITTED
ADJUSTED

COMMENTS: _____

JUDGE SIGNATURE AND STAMP _____

MUST BE LEGIBLE
RETAIN A COPY FOR YOUR RECORD

