

**ASSIGNED COUNSEL PLAN FAMILY COURT  
INTAKE VOUCHER**

**CITYWIDE**

MAIL COMPLETED FORM TO: ACP-PAYMENTS, NYC DEPT OF FINANCE, 59 MAIDEN LANE, 32<sup>nd</sup> FL, NEW YORK, NY 10038  
Tel: (212) 676-0066

Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security/Tax ID # \_\_\_\_\_

**INTAKE SHIFT INFORMATION**

County: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Part: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Lunch Hour: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

**MUST BE COMPLETED BY ATTORNEY BEFORE SUBMISSION**

**ADULTS**

NUMBER OF CASES HANDLED: \_\_\_\_\_

CASES DISPOSED: \_\_\_\_\_

TOTAL CASES RETAINED: \_\_\_\_\_

**CERTIFIED CORRECT:** No payment or promise of payment has been requested or accepted for representing the parties listed above. Any future vouchers submitted for other services on those matters will not include a payment for these intake services. The undersigned, an attorney-at-law in the State of New York affirms the foregoing to be true under penalty of perjury.

\_\_\_\_\_  
ATTORNEY SIGNATURE

\_\_\_\_\_  
DATE

**FOR COURT USE ONLY**

\$ \_\_\_\_\_  
PAYMENT APPROVED

\_\_\_\_\_  
JUDGE SIGNATURE & STAMP

\_\_\_\_\_  
DATE

**Voucher must be submitted within 45 days of Intake Shift  
\*\*FORM ON REVERSE SIDE MUST BE COMPLETED\*\***