

## Assigned Counsel Plan - Arraignment / Primary Day Voucher

Mail completed form to:  
 59 Maiden Lane, 32nd Floor, N.Y., N.Y. 10038 (212) 676-0066  
 All Requests for assignments for each retained case to:  
 253 Broadway, 8th Floor, N.Y., N.Y. 10007

<b>Attorney Name:</b>	<b>Address:</b>
<b>Telephone #:</b>	

Assignment	Date	Borough	Part
<b>Start Time</b>	<b>Recess Out</b>	<b>Recess In</b>	<b>End Time</b>

<b>Hours</b>	+	<b>Transit Fare</b>	× 3.00	+	\$	<b>Expenses</b>	+	\$	<b>Voucher Total</b>					
On a separate page, list defendant name and docket # for each fare.					Copies of receipts must be attached on an 8-1/2X11 sheet (retain originals).					Payment amount will be calculated based on hours worked.				

	<u>HOM</u>	<u>FEL</u>	<u>MIS</u>	<u>VIOLS</u>	<u>TOTALS</u>
<b>Total Number of Cases Handled:</b>					
<b>Less...Cases disposed at arraignment:</b>					
<b>Arraignment Only Cases:</b>					
<b>Calendar/Other Activity:</b> <span style="float: right; font-size: small;">(Non-Arraignment Part)</span>					
<b>Total Cases Retained:</b>					

<b>Attorney Number</b>	<b>Attorney Tax ID</b>	<b>Attorney Signature</b> <small>(USE BLUE INK)</small>
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Certified Correct: The above number of defendants were represented by me at arraignment. I affirm under the penalty of perjury that the services were performed. All future vouchers submitted for other services rendered on these matters will not include payment request for these Arraignment services.

<b>Print Judge Name</b>	<b>Date</b>	<b>Judge Signature</b> <small>(USE BLUE INK)</small>
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