

Assigned Counsel Plan - Arraignment / Primary Day Voucher

Mail completed form and all requests for assignments for each retained case to:
253 Broadway - 8th Floor, New York, NY 10007 (212) 676-0066

Attorney Name: _____ Address: _____

Telephone #: _____

Assignment	Date	Borough	Part
_____	_____	_____	_____
Start Time	Recess Out	Recess In	End Time
<input style="width: 100%;" type="text"/>			

Hours	+	Transit Fare	+	3.00	+	\$	Expenses	=	\$	Voucher Total
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>					<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>

On a separate page, list defendant name and docket # for each fare.

Copies of receipts must be attached on an 8-1/2 X 11 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>
Total Number of Cases Handled:	<input style="width: 100%;" type="text"/>				
Less...Cases disposed at arraignment:	<input style="width: 100%;" type="text"/>				
Arraignment Only Cases:	<input style="width: 100%;" type="text"/>				
Calendar/Other Activity: (Non-Arraignment Part)	<input style="width: 100%;" type="text"/>				
Total Cases Retained:	<input style="width: 100%;" type="text"/>				

Attorney Number _____

Attorney Tax ID _____

Attorney Signature _____

(USE BLUE INK)

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.

Print Judge Name _____

Date _____

Judge Signature _____

(USE BLUE INK)