

**Broome County Assigned Counsel Program  
Voucher for Assigned Counsel – Criminal Cases**

This voucher must be submitted to the Broome County Assigned Counsel Program Office or the Court within 60 days of case disposition. Failure to timely submit this form may result in a delay in payment. You must attach your worksheet/timesheet to this form.

**1. Pay to:** \_\_\_\_\_ **Vendor ID:** \_\_\_\_\_

**2. Address:** \_\_\_\_\_

**3. SSN or TIN:** \_\_\_\_\_

**4. Client Name:** \_\_\_\_\_

**5. Charge(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Assigned Date:** \_\_\_\_\_

**9. Disposition Date:** \_\_\_\_\_

**10. Disposition Court:** \_\_\_\_\_

**11. Docket No.:** \_\_\_\_\_

(if different than original)

**6. Docket:** \_\_\_\_\_

**7. Court:** \_\_\_\_\_

**12. Case Disposition (check any/all that apply):**

Disposed by plea of guilty to top charge(s) Charge(s):  
\_\_\_\_\_

Disposed by plea to a lesser charge Charge(s):  
\_\_\_\_\_

Disposed at trial – fully acquitted \_\_\_\_\_

Disposed at trial – found guilty of any charge Charge(s):  
\_\_\_\_\_

Disposed at trial – dismissed \_\_\_\_\_

ACD \_\_\_\_\_

Covered or dismissed in satisfaction of another Court:  
\_\_\_\_\_  
case(s)/charge(s)

(provide Court/docket/number(s)/charges) \_\_\_\_\_

Docket No.:  
\_\_\_\_\_

Charge(s):  
\_\_\_\_\_

\_\_\_\_\_

Otherwise dismissed \_\_\_\_\_

Other disposition (provide detail):  
\_\_\_\_\_

**13. For misdemeanor or lesser offense:**

\_\_\_\_\_ hours @ \$158.00/hour = \$ \_\_\_\_\_

**14. For all other matter governed by County Law Article 18b:**

\_\_\_\_\_ hours @ \$158.00/hour = \$ \_\_\_\_\_

**15. Expenses**

(a) Copies .10 x rate = \$ \_\_\_\_\_

(b) Expert/investigative reimbursement  
(attach documentation) = \$ \_\_\_\_\_

(c) Other expenses (specify):  
(attach documentation) = \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16. Total Amount Due** \$ \_\_\_\_\_

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**CERTIFICATION BY ATTORNEY**

I hereby certify that the above statement of contractual services and the accompanying worksheet/timesheet from which the totals were transferred are true and accurate, and that no part has been paid except as stated therein. I further certify and attest that the balance stated above is the actual amount due and owing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney

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**JUDICIAL APPROVAL OF VOUCHER**

This voucher has been approved by the undersigned Court in the amount indicated above. If the amount approved is in excess of the statutory maximum, I find extraordinary circumstances to justify payment and ORDER Broome County to pay the total fee(s) and expenses specified above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Court

\_\_\_\_\_  
Signature of Judge / Justice

Once signed, please forward this voucher to the Broome County Assigned Counsel Program office.

Approved by Administrator: \_\_\_\_\_  
Paid by Audit and Control: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_