

**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 @ \$60.00/hour = \$ _____

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

_____ hours @ \$75.00/hour = \$ _____

15. Expenses

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

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

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

16. Total Amount Due \$ _____

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

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: _____