

SAMPLE

ASSIGNED COUNSEL DEFENDER PLAN
ROBERT F. QUINLAN, ADMINISTRATOR
120 Fourth Avenue, PO Box 591P
Bay Shore, New York 11706
Phone : 516/666-5766 516/666-2500

See instructions
on reverse side
of this form.

VOUCHER FOR COMPENSATION AND EXPENSES OF TRIAL COUNSEL

To: John Smith, ESQ Tel. No. (631) 123-4567
(Name of Payee - Assigned Counsel)

Address: 120 Fourth Avenue, City, St

Full Name of Defendant: BEA JONES Date Assigned 11/2/06

Court (s): DISTRICT Docket No. (s) 06-SUO 1123

Charge: Felony () Misdemeanor Offense () Violation ()
Nature of Charge (specify): HARASSMENT 2nd
Homicide () Robbery () Assault () Burglary () Theft () Auto Theft ()
Forgery () Rape () Other Sex () Drug Law Violations ()
Bookmaking () Other ()

Disposition: Plea - Before Trial () During Trial () Sentence ()
Convicted as Charged () Convicted of Fel. Less Than Charged ()
Convicted of Misd. Less Than Charged () Convicted of Viol. Less Than Charged ()
Dismissed Acquitted () Mistrial ()
Other Disposition (explain) ()
Date of Disposition: 11/2/06 Judge: JUDGE

| I. TIME SPENT IN OPEN COURT: | DATE (S) | HOURS |
|------------------------------|----------------|------------|
| a. Arraignment and/or plea | <u>11/2/06</u> | <u>1.0</u> |
| b. Hearing | | |
| c. Trial | | |
| d. Continuances | | |
| e. Other (specify) | | |
| TOTAL HOURS: | | <u>1.0</u> |

| II. TIME SPENT OUT OF COURT: | DATE (S) | HOURS |
|------------------------------|----------|------------|
| a. Investigations | | |
| Defendant | | |
| Witnesses | | |
| Prosecuting Officials | | |
| Probation Officials | | |
| b. Legal Research | | |
| TOTAL HOURS: | | <u>0.0</u> |

SEE ATTACHED

The following specific proceedings were conducted:
Hearing on Motion to Suppress _____ Wayward Minor _____
Huntley Hearing _____ Youthful Offender _____
Sanity Hearing _____ Probation Viol. _____
Narcotic Hearing _____ Resentencing _____
Coram Nobis Hearing _____ Extradition _____
Habeas Corpus Hearing _____ Felony Hearing _____

III. Counsel's fee for above services _____ \$ 60.00
IV. Disbursements advanced (describe on rider) _____ \$ N/A
V. TOTAL CLAIMED (III plus IV) _____ \$ 60.00

CERTIFICATE OF CLAIMANT

I certify that this claim is just, true and correct; that no reimbursement or compensation has been, or will be, applied for or received on the same case from any other source; that the service was performed; that the prices are in accordance with Section 722 of County Law; that Federal and State taxes, from which the county is exempt, are excluded therefrom.

Date _____ Signature of Assigned Counsel _____

Approved for Bar Association: _____ Approved: _____
Administrator _____ Court _____
Date: _____

SAMPLE

SUFFOLK COUNTY PAYMENT VOUCHER

Contact:

Payment Voucher #

Responsible Agcy

Modify #

1086592

Date of Record (mm/dd/yy)

Accounting Period (mm/yy)

Budget FY (yy)

Document Total (Include Cents)

Vendor Code (10-1)

Address

YOUR SSN# or Federal ID#

123 Smith Ln
City, NY ZIP

Vendor Name

You

Single Check Indicator (Y/N)

Scheduled Pay Date (mm/dd/yy)

Offset Liability Account (4)

| Ln (02) | Reference Document Cd (2) Number (11) Ln (2) | Com Ln # (3) | Invoice Number (12) Ln (3) | Fnd (3) | Agy (3) | Orgu (4) | Sub Org (2) | Actv (4) | Obj (4) | Sub Obj (2) | Rept Cat (4) | Capital Project # (8) |
|---------|---|------------------|-------------------------------|---------|------------------------|----------|-------------|----------|---------|-------------|--------------|-----------------------|
| Rev (4) | BS Acct (4) | Description (17) | | | Amount (Include Cents) | | | | | | I/D | P/F |
| 01 | | | | | | | | | | | | |
| 02 | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | |
| 04 | | | | | | | | | | | | |
| 05 | | | | | | | | | | | | |

Additional Comments

As per Annexed Assigned Counsel
Defender Plan detail sheet on Docket #
_____ in the total amount of \$ _____
constituting full payment.

DEPARTMENT CERTIFICATION: I hereby certify that the materials above specified have been received by me in good condition without substitution. The service properly performed and that the quantities thereof have been verified with the exceptions of discrepancies noted and payment is approved.

PAYEE CERTIFICATION: I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; that taxes from which the County is exempt are excluded and that I have read and am familiar with the provisions of Local Law 32-1980 as detailed in the payee instruction section of this voucher.

You SIGN + DATE
PAYEE'S SIGNATURE TITLE NAME OF COMPANY

SAMPLE

SAMPLE

ATTORNEY ACTIVITY SHEET

Client Name: GEORGE [REDACTED] Docket No. [REDACTED]

Disposition: On 3/28/06, order of protection providing for no unsupervised contact with children, Alicia and Kevin, by respondent mother [REDACTED] was vacated and DSS supervision is continued.

(This is for continued representation of [REDACTED], nonrespondent father, as an interested party, following withdrawal of neglect petition against him on [REDACTED])

| Date | Hours (.10s) | | Activity Code | Summarize Activities |
|---------|--------------|-----|---------------|--|
| | O/C | I/C | | |
| 3-8-06 | .05 | | | Receipt and review of Notice to Appear in Court and Underlying Petition re respondent [REDACTED] |
| 3-9-06 | .15 | | | Telephone message from client, nonrespondent father, George [REDACTED] and conversation re progress and status of respondent mother [REDACTED] |
| 3-27-06 | .20 | | | Telephone call to [REDACTED] re update in anticipation of court appearance following day |
| 3-28-06 | n/c | | | Telephone call to offices of [REDACTED], Esq., attorney for [REDACTED] |
| 3-28-06 | | .80 | | Appearance before Hon. [REDACTED], Family Court, Central Islip, on behalf of [REDACTED], and conference with County, Law Guardian [REDACTED] attorney for [REDACTED] |
| 3-28-06 | .20 | | | Follow-up telephone call to George [REDACTED] re what transpired at court appearance |
| | | | | |
| | | | | |
| | | | | |
| Hours | .60 | .80 | | Page Totals : Expenses : 0 : |