

OFFICE OF ATTORNEYS FOR CHILDREN  
APPELLATE DIVISION, THIRD DEPARTMENT  
P.O. BOX 7288, CAPITOL STATION  
ALBANY, NY 12224  
(Ph.) 518-471-4825 (Fax) 518-471-4757

EXPERT SERVICES AND REPRESENTATION EXPENSE  
PRE-APPROVAL FORM

Date \_\_\_\_\_

Children's Attorney \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Client Surname \_\_\_\_\_ Proceeding Type \_\_\_\_\_

Service Provider \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Services to be Performed \_\_\_\_\_

Explain Need for Services \_\_\_\_\_

Hourly Rate \_\_\_\_\_ Total Maximum Cost \_\_\_\_\_

Allocation of Cost for Child's Share \_\_\_\_\_

**Approved:**

\_\_\_\_\_  
Supreme/Family/Surrogate Court

\_\_\_\_\_  
Director, Office of Attorneys for Children  
Third Department

\_\_\_\_\_  
County

Date \_\_\_\_\_

Date \_\_\_\_\_