

SUPREME COURT, APPELLATE DIVISION
THIRD JUDICIAL DEPARTMENT
OFFICE OF ATTORNEYS FOR CHILDREN
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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 Judge
_____ County

Director, Office of Attorneys for Children
Third Judicial Department

Date: _____

Date _____