

LAW GUARDIAN VOUCHER

APPELLATE DIVISION
Second DEPARTMENT

Voucher No.

Originating Agency				Originating Agency Code		Interest Eligible (Y/N)		P-Contract	
Appellate Division, Supreme Court				05032		Y			
Payment Date (MM) / (DD) / (YY)			OCS Use Only			Liability Date (MM) (DD) (YY)			
Payee ID		Additional	Zip Code		Route	Payee Amount			MIR Date (MM) (DD) (YY) / /
Payee Name (Limit to 30 spaces)						IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces)						Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces)						Ref/Inv. No. (Limit to 20 spaces)			
Address (Limit to 30 spaces)						Ref/Inv. Date (MM) (DD) (YY)			
City (Limit to 20 spaces)		(Limit to 2 spaces) ->		State	Zip Code				

For legal services rendered as Law Guardian pursuant to FCA Art. 2 part 4 in the _____ Court of,
County from _____ to _____ for _____, docket/index/file number _____

INSTRUCTIONS TO LAW GUARDIAN: An Attorney Activity Sheet (see reverse side) must be prepared and the totals transferred to the appropriate categories (I, II, III) below. Both sides must be submitted for payment. Please enter the primary proceeding code (case prefix) and number of petitions covered by this voucher in the appropriate spaces, and check the original voucher in the box below.

PROCEEDING CODE: _____	CHECK (✓) ORIGINAL VOUCHER ONLY <input type="checkbox"/>		TOTAL HOURS	AMOUNT
NUMBER OF PETITIONS: _____		I. TIME SPENT OUT OF COURT		
		II. TIME SPENT IN COURT		
		III. EXPENSE OF REPRESENTATION		

TO BE APPROVED BY JUDGE		TOTAL		
FOR LAW GUARDIAN'S USE: I hereby certify that the above statement of contractual services is true and correct; that no other claim for payment has been made for the time stated therein; and that no part thereof has been paid except as stated therein and that the balance stated is due and owing and that taxes from which the State is exempt are excluded therefrom. SIGNATURE DATE			STATE COMPTROLLER'S PRE-AUDIT	
			Verified Audited Special Approval (As Required)	CERTIFIED FOR PAYMENT OF THE TOTAL FEE AMOUNT By
FOR USE OF JUDGE: I hereby certify that in accordance with the above statement of services the total fee awarded for such services is fair and just and is set forth above. SIGNATURE DATE COUNTY				

FOR APPELLATE DIVISION USE ONLY: I hereby certify that this voucher is correct and just and payment is hereby approved.

AUTHORIZED SIGNATURE

DATE _____

Expenditure							Liquidation				
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var.	Yr		Dept.	Statewide					

Page: _____

Client Name: _____ Docket #: _____

Disposition (last sheet only): _____

Activity Codes:	I. Out-of-Court	II. In-Court	III. Other
A. Review Documents	E. Legal Drafting	J. Initial Appearance	L. Fact-Finding
B. Meet with Client	F. Legal Research	K. Pre-trial Hearings	M. Disposition
C. Travel	G. Investigation	N. All Other	P. Expenses (list along right side of form)
D. Phone/Correspondence	H. All Other		

(Rev 2.7 10/04)