

Services Rendered and Expenses of Counsel

Name of Client _____

Address of Client _____

% Name of Assigned Attorney _____

& Address of Attorney _____

' Name of Court _____

(Name of Assigned Judge _____

) Date of Assignment _____ Date Closed _____

* Family Court – Type of Petition and Section(s) of Law: _____

+ Criminal Court – Type of Petition and Section(s) of Law: _____

Type of Charge (check any and all that apply)

- Violent Felony
- Felony
- Misdemeanor/Violation
- Post Disposition Trial Level (VOP, Drug Ct., SORA)
- Parole Revocation
- Merits Appeal
- Sentence Appeal

Arraignments (check any or all that apply)

- Client was in custody prior to arraignment
- Client was ROR'd
- Client was released under non-monetary conditions
- Bail was set
- Client was remanded
- Client received an ACD
- Client's case was dismissed
- Client pleaded guilty

Disposed Cases (check any or all that apply)

- Disposed at trial - fully acquitted
- Disposed at trial - found guilty of any charge
- Disposed at trial - dismissal
- Disposed by guilty plea to top charge
- Disposed by guilty plea to a lesser charge
- Adjournment in Contemplation of Dismissal
- Covered or dismissed in satisfaction of other case
- Otherwise dismissed
- Other court dispositions

Closed Cases (check any or all that apply)

- Investigator used
- Expert retained

Interpreter retained

Social worker used

13. Closed Criminal Cases (check any or all that apply)

Represented through arraignment only

Represented only after arraignment

14. Closed Criminal Cases (check any or all that apply)

Representation ended when conflict discovered

Representation ended when client found financially ineligible

Juvenile Offender removed to Family Court

Adolescent Offender removed to Family Court

Representation ended prior to case disposition for any other reason (eg. client retained private counsel)

15. Time spent in Court (_____) hours. Time spent Out of Court (_____) hours.

Include attorney invoice detailing dates, time and service rendered. List Expenses separately and attach copies of receipts or bills.

16. List any reimbursements, compensation applied for or received from any source

17. Total bill to be submitted on voucher:

Services rendered in Court: \$ _____

Services rendered out of Court: \$ _____

Expenses: \$ _____

Total \$ _____

I, _____, Esq., hereby affirm under penalty of perjury, pursuant to CPLR 2106, that the above information is a true and accurate statement of my services rendered and expenses paid and that I have neither received nor expect to receive any compensation from any source whatsoever except as may be stated in Item #16 above.

Dated: _____, 20____.

Assigned Attorney

Bill approved by:

Judge