CRIMINAL

VOUCHER NO.: A _____
CODE NO.: A.1170 440

DO NOT WRITE ABOVE THIS LINE

CLAIM FOR LEGAL SERVICES AND DISBURSEMENTS (Pursuant to §722 of County Law)

Claimant Attorney: Vendor No. _____ Case No.: _____
Name: _____
Address _____
City/State _____
SS#/Fed. I.D. # _____

I, the undersigned, being duly sworn, depose and say that I am an Attorney and Counselor at Law duly admitted to practice in the Courts of the State of New York, and I do hereby certify that I have performed the following legal services and incurred the following necessary disbursements as Assigned Counsel for an indigent defendant, duly appointed pursuant to §722 of County Law.

1. _____ _____ _____
Court of Disposition Judge or Justice Date

2. _____ _____
Name of Defendant Defendant's Address

3. _____
Crime or Crimes Charged

4. Disposition and date (State result of trial, plea, dismissal, sentence, terms of probation) _____

_____

_____

5. A Notice of Intention with respect to Appeal executed by defendant pursuant to 22 NYCRR 821.2 has been duly filed signifying defendant (does) (does not) wish to appeal. A Notice of Appeal (has) (has not) been duly filed.

6. Summary of legal services rendered including investigation, arraignments, adjournments, preliminary examination, pleadings, conferences, pre-trials, appeals, etc.
(Attach additional sheets if necessary.)

7. Disbursements reasonably and necessarily incurred, including:

Miles _____ @ .535 per mile = _____
Postage _____ @ ._____ = _____
Copies _____ @ .15 per page = _____

8. Number of hours spent in & out of court _____ @ $75.00 per hour (Felonies) $_____
_____ @ $60.00 per hour (Misd's) $_____

9. Total disbursements $_____
Total $_____

I hereby swear and certify that I have read the foregoing and know the contents thereof, that the same is true to the knowledge of deponent and the statement of services and disbursements is true and correct; that no reimbursement or compensation has been applied for or received in the same case from any other source, other than as specifically noted above; that I have not sought or accepted any fee for representing the above mentioned defendant without approval of the Court as hereinbefore expressly set forth; and that no part thereof has been paid except as stated thereon and that the balance as stated thereon is due and owing and that taxes from which the State and County are exempt are excluded therefrom.

The undersigned _____, an attorney duly admitted to practice in the State of New York, affirms that the foregoing statement is true, under penalty of perjury.

Dated _____

_____
Claimant Attorney Signature

I hereby certify that I have examined the above claim for legal services and disbursements incurred and I (am) (am not) satisfied that the claim represents the reasonable value of the services rendered and that the disbursements and expense claimed were reasonably necessary. The claim is (approved) (disapproved).

Dated _____

_____
Administrator

ORDER GRANTING COMPENSATION

Upon the Court's minutes and the verified claim herein, and it appearing that the above captioned attorney was duly assigned to defend and did defend the above captioned defendant, and it appearing to the satisfaction of this Court that the attorney has discharged his duty as counsel for the defendant to the best of his ability and performed the legal services and incurred the necessary disbursements as set forth above, and it further appearing that there has been proper compliance with 22 NYCRR 821.2 with respect to appeals, it is,

ORDERED and **DIRECTED**: That upon receipt of the original of this Order by the Treasurer of the County of Warren, he or she is hereby directed to pay to the above captioned attorney the sum of $_____ as compensation for services rendered and reimbursement for disbursements incurred by him in the defense of the above entitled action; pursuant to §722 of the County Law and Resolution #184 adopted by the Warren County Board of Supervisors, November 17, 1965.

Dated _____

_____
Judge or Justice

NOTE: BEFORE PAYMENT OF THIS CLAIM, THIS FORM MUST BE SIGNED BY THE ADMINISTRATOR AND COUNTY AUDITOR AND A DUPLICATE ORIGINAL FORWARDED TO THE ADMINISTRATOR AFTER PAYMENT BY THE COUNTY TREASURER.

FOR COUNTY TREASURER'S USE ONLY

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated above.

_____ _____
Date County Auditor