JC2000 AC-5067 (REV. 8/10)

## STATE OF NEW YORK - JUDICIARY

| ATTORNEY FOR TH  | E CHILD          | VOUCH                         | HER                  |                       | APPELLATE DIVISION                |                    |  | Voucher No.          |                  |  |
|--|------------------|-------------------------------|----------------------|-----------------------|-----------------------------------|--------------------|--|----------------------|------------------|--|
| Originating Assess   |                  |                               | Origination          |                       |                                   |                    | DEPARTMENT                                 |                      |                  |  |
| Originating Agency  Appellate Division, Supreme C  | ng Agency        | Code                          | Interest Eligible (  | Y/N)                  | P-Contract                        |                    |  |                      |                  |  |
| Payment Date (MM) (DD)   | (YY)             | OCS Use (                     | Only                 |                       |                                   | Liability Date (N  | 1M) (DD) (                                 | [(YY)                |                  |  |
| rayment bate (MM) (DD)   | , ,              | OC3 Use (                     | Jilly                |                       |                                   | Liability Date (N  | / (DD) (                                   | (11)                 |                  |  |
| Payee ID Add   | litional         | Zip Code                      |                      | Route                 | Payee Amou                        | unt                |  | MIR Date (MM) (I     |                  |  |
| Payee Name (Limit to 30 spaces)  |                  |                               |                      |                       | IRS Code                          | IRS Amount         | S Amount                                   |                      |                  |  |
| Payee Name (Limit to 30 spaces)  |                  |                               |                      |                       | Stat. Type                        | Statistic          | Indicator-Dept.                            | Indicator-Statewic   | de               |  |
| Address (Limit to 30 spaces)   |                  |                               |                      |                       | Ref/Inv. No. (Limit to 20 spaces) |                    |  |                      |                  |  |
| Address (Limit to 30 spaces)   |                  |                               |                      |                       | Rev/Inv. Date (MM) (DD) (YY)      |                    |  |                      |                  |  |
| City (Limit to 20 spaces) (Limit   | t to 2 spaces) - | → State                       | Zip Code             |                       |                                   |                    |  |                      |                  |  |
| INSTRUCTIONS TO ATTORNEY: A  | n Attorney A     | /fo                           | or<br>(see reverse s | side) mus             | st be prepare                     | , docket           | /index /file number _ ransferred to the ap | opropriate categoric | es (I, II,       |  |
| III) below. Both sides must be submithe appropriate spaces, and check the  |                  |                               |                      | mary prod             | ceeding code                      | e (case prefix) an | d number of petition                       | ns covered by this   | voucher in       |  |
| PROCEEDING CODE: CHECK (/) ORIGINAL  |                  |                               |                      |                       |                                   |                    | L HOURS                                    | AMOUNT               |                  |  |
| NUMBER OF PETITIONS:   | VOUCH            | CHER ONLY                     | I. TIME SI           | . TIME SPENT OUT OF C |                                   | RT                 |  |                      | <br><del> </del> |  |
| NUMBER OF FETTIONS.  |                  |                               | II. TIME SPENT IN    |                       | COURT                             |                    |  |                      | i<br>            |  |
|  |                  |                               |                      | (PENSE (<br>RESENTA   |                                   |                    |  |                      | <br>             |  |
|  |                  |                               | TO BE                | APPROV                | ED BY JUDO                        | E TOTAL            |  |                      |                  |  |
| FOR USE OF ATTORNEY FOR contractual services is true and correct; to the contractual services is true and correct; to the contractual services is true and correct; to the contractual services in the |                  | STATE COMPTROLLER'S PRE-AUDIT |                      |                       |                                   |                    |  |                      |                  |  |
| that no part thereof has been paid except<br>from which the State is exempt are exclu-   |                  |                               | ie balance state     | d is due ai           | nd owing and                      | that taxes         |  | CERTIFIED            | FOR              |  |
| CICNATURE  | D. 4 TEE         | Verified                      |                      | Verified              | PAYMENT                           |                    |  |                      |                  |  |
| SIGNATURE<br>FOR USE OF JUDGE: I hereby cer<br>awarded for such services is fair and jus   |                  |                               |                      | DATE<br>ement of so   | ervices the total                 | al fee             | Audited TOTAL FEE                          |                      |                  |  |
| SIGNATURE DATE   |                  |                               |                      |                       | COUN                              | <br>ГҮ             | Special Approval (As Required)             | •                    |                  |  |
| FOR APPELLATE DIVISION US thereby approved.  | SE ONLY: I       | hereby certify                | that this vouch      | er is corre           | ect and just and                  | d payment is       |  | 1                    |                  |  |

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

DATE

AUTHORIZED SIGNATURE

|            |   |            |                      | ATTORN                         | EY ACTIVITY SHEET                               | Page:                                     |
|------------|---|------------|----------------------|--------------------------------|---|---|
| Tlient Nar | me:   |            |                      |                                |   | Declar #                                  |
|            |   |            |                      |                                |   | Docket #:                                 |
|            |   |            |                      |                                |   |   |
| Date       | O/C   | I/C        | Activity<br>Code     |                                | Summarize Activities                            |   |
|            |   |            |                      |                                |   |   |
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|            |   |            |                      |                                |   |   |
| Hours      |   |            |                      |                                | Page Totals                                     | Expenses                                  |
|            | A. Review !                                   | Documents  | Out-of-Court<br>E. I | egal Drafting                  | II. In-Court  J. Initial Appearance L. Fact-Fi  | III. Other inding P. Expenses (list along |
| (          | <ol> <li>Client In</li> <li>Travel</li> </ol> |            | G. 1                 | egal Research<br>investigation | K. Pre-trial Hearings M. Dispos<br>N. All Other | 200 ASA                                   |
| Γ          | D. Phone/C                                    | orresponde | ence H.              | All Other                      |   | (Rev 2.7 7/1/99)                          |