

ST. LAWRENCE COUNTY ASSIGNED COUNSEL PLAN
CASE RECORD/INVOICE

Client Name: _____ Date of Arrest: _____

Charges: _____

Court: _____ Date of Assignment: _____

Attorney Name: _____ Vendor No.: _____

Felony _____ Misd _____ Vio _____ V&T _____ Offense _____ Family _____

Type of Charge:

Client was in custody prior to arraignment

Felony: _____

Violent Felony: _____

Misdemeanor: _____

Violation: _____

Arraignment Outcome:

ROR'd _____

released under non-monetary
conditions _____

Bail set _____

Was remanded _____

Received an ACD _____

Case was Dismissed _____

Plead Guilty _____

Other: _____

Disposition: _____

Disposed by: Trial _____ Plea to Lesser Offense _____ Plea to Charge _____ Other _____

FEE REQUESTED: _____ Hours: _____ Disbursements: _____

Other professional services (investigator, expert, etc...) please indicate type and amount.

Statutory Limits: \$4,400.00 for \$75 Rate Cases
\$2,400.00 for \$60 Rate Cases

*IF REQUESTING A FEE OF MORE THAN THE STATUTORY LIMIT, AN ATTORNEY'S AFFIDAVIT OUTLINING THE EXTRAORDINARY CIRCUMSTANCE JUSTIFYING PAYMENT MUST ACCOMPANY THIS CAE RECORD/INVOICE

I have not received any fee from anyone for my services in this case except _____ from _____ and request the balance from the assigned counsel plan.

Claimant's certification: I, _____ do hereby Certify that all of the items of the above claim are true and correct, that the services shown thereon were actually rendered; the disbursements shown thereon were actually and necessarily made and that no part of such claim has been made or satisfied.

Dated: _____

Assigned Counsel

Approved by Administrator _____ Date: _____

Approved by Court _____ Date: _____