

APPEAL INFORMATION

Attorney: _____ Account No.: _____

Client: _____

Type of Appeal: _____ Family Court _____ Criminal Court

Defendant's Appeals of
Guilty Plea _____

Defendant's Appeals of
Verdict _____

People's Appeals

Outcome of Appeal:

Affirmed _____

Reversed or Modified _____

Anders brief filed and
case dismissed _____

Other Disposition _____

Did you:

Meet with client in person? _____

Make an Oral Argument? _____

Move for Permission to Appeal to the New York Court of Appeals? _____

Hours: _____

Disbursements: _____

Total Amount Due : _____

INSTRUCTIONS:

1. This information will appear on check stub to identify your payment.
2. Claim must be fully itemized and certified on this form. Signature is required for payment.
3. All vouchers must be approved by the department head receiving the services or material.
4. Only certain items such as travel, meals, lodging, etc., are handled by this form, major items are handled through the purchasing department.

CLAIMANT'S CERTIFICATION

I, _____, do certify that all of these items of the above claim are true and correct, that that services shown thereon were actually rendered, the disbursements shown thereon were actually and necessarily made and that no part of such claim has been paid or satisfied. (I do further certify that I have been duly authorized and empowered by the claimant to execute his behalf of this certificate.)

Date

Signature of Claimant

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the above Department on the dates stated above and are correct.

Date

Authorized Official

APPROVAL FOR PAYMENT

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

Date

Authorized Official