ESSEX COUNTY, NEW YORK ASSIGNED COUNSEL CLAIM SUBMISSION

Forms necessary for claim submission:

(1) AFFIRMATION OF SERVICES AND DISBURSEMENTS

-Be sure to complete <u>ALL</u> sections of this form. Any omissions may result in your claim being returned or denied. Previous compensation amounts must be indicated on each case where applicable or marked zero.

<u>-Travel time must be split out separately as well as the number of clients being represented in court each day (travel time must be split by all clients e.g. 1 hr travel / 3 clients –bill each case .33 hours-be sure to list number of clients even if there is only one or claim may be denied or returned)</u>

-Mileage and travel time will be based on the shortest trip according to Mapquest with no exceptions.

<u>-Multiple trips to court in the same day must be clearly indicated with number of clients</u> represented for each trip

-Attorneys working out of multiple offices must indicate which office traveled from.

-Mileage reimbursement must be itemized (date, places traveled to/from, <u>TOTAL</u> number of miles being claimed divided by the number of clients represented that day.)

Eff 1/1/2020 .575/mile (please call for any previous rates)

If this case was assigned by a Town Justice, be sure to have this form approved by Justice before sending

Any claims for outside charges (service fees etc) must have a copy of the paid invoice or cancelled check and any necessary orders authorizing charge. Whenever possible, be sure to utilize the Essex County Sheriff's Dept for serving subpoenas.

(2) ORDER ASSIGNING COUNSEL

(3) TAXPAYER IDENTIFICATION NUMBER FORM (W-9)

-only necessary to submit once yearly or whenever changes occur in NAME OR TAX ID

(4) SIGNED ESSEX COUNTY VOUCHER

-"Check Made Payable to" section-please be sure to list it the way you report the income on your taxes.

-Sign the voucher under the certification area

Effective January 1, 2004, compensation for legal services rendered pursuant to County Law Article 18-B, as amended, is as follows: \$75.00 per hour with a maximum of \$4,400.00 for Felonies (except capital cases), Appeals (felonies, misdemeanors, violations), SORA hearing/appeal, Parole Representation and Administrative Appeals, Family Court representation including post-judgment motions, Writs of Habeas Corpus and/or Coram Nobis (where counsel is assigned); \$60.00 per hour with a maximum of \$2,400.00 for Misdemeanor and lesser offenses. A claim in excess of the maximum must be approved by Court order prior to submission.

Once completed, send the entire packet to: Laureen DeZalia, Auditor Essex County Auditors Office P O Box 217 Elizabethtown, NY 12932-0217

You may also contact me as follows:

518 873-3308 (Ph) 518 873-3486 (Fax) laurie.dezalia@essexcountyny.gov



Office of the Essex County Sheriff 702 Stowersville Road, PO Box 68, Lewis New York 12950 Phone: (518) 873-6321 David Reynolds, Sheriff Thomas W. Murphy II, Undersheriff http://www.co.essex.ny.us/sheriffs/index.htm

MILEAGE FEES ARE COMPUTED FROM LEWIS, NY AS OF JANUARY 1, 2020

LOCATION	MILES	\$FEE	LOCATION	MILES	\$FEE
Ausable Forks	58	33.00*	Paradox	84	48.00
Bloomingdale	96	55.00	Port Douglas	38	22.00
Boquet	20	12.00	Port Henry	48	28.00
Chilson	96	55.00	Port Kent	45	26.00
Crown Point	60	35.00	Ray Brook	82	47.00
Elizabethtown	16	9.00	Reber	11	6.00
Essex	26	15.00	St. Hubert	62	36.00
Jay	64	37.00	Saranac Lake	87	50.00*
Keene	40	23.00	Severance	73	42.00
Keene Valley	43	25.00	Schroon Lake	80	46.00
Keeseville	35	20.00*	South Schroon Lake	90	52.00
Lake Placid	70	40.00	Tahawas	110	<u>63.0</u> 0
Minerva	109	63.00	Ticonderoga	80	46.00
Mineville	38	22.00	Upper Jay	55	32.00
Moriah	45	26.00	Wadhams	20	12.00
Moriah Center	43	25.00	Westport	22	13.00
Newcomb	108	62.00	Whallonsburg	20	12.00
New Russia	22	13.00	Willsboro	26	15.00
North Hudson	65	37.00	Wilmington	64	37.00
Olmstedville	102	59.00	Witherbee	39	22.00

*THESE TOWNS ARE SPLIT BY THE COUNTY LINE.

Major Michael Blaise, Chief Deputy
Major Peter Feeley, Jail Administrator
Deputy Shawn LaPier, Civil Officer
Captain Christopher Bikowitz, Assistant Jail Administrator



Civil Office 518-873-6907; 518-873-6908 or 518-873-6909 Patrol 518-873-6915 Shift Supervisor 518-873-6950 Emergency 911



AFFIRMATION OF SERVICES AND DISBURSEMENTS

Attorney's Name & Address

Client's Name & Address

Charges (include Section Number) or Type of Matter_____

Disposition of Case_

The following affirmation of services rendered by the above named attorney to the above named defendant and expenses incurred for which reimbursement or compensation is being applied for is hereby made pursuant to Section 722-b of the County Law as amended.

County Eu	was amended.	TI	ME		
DATE	SERVICES	IN COURT	OUT OF COURT	DISB	AMOUNT

No reimbursement or compensation has been applied for or received in this case by the undersigned except as follows:

I affirm under penalty of perjury the truth and accuracy of the above statements and respectfully request that this application for payment be approved.

Dated: _____

Attorney At Law

Approved as to services performed Dated:

Justice Who Made Initial Assignment

Approved as to form Dated:

Essex County Auditor

Approved	as	to	form	&	substance
Dated:					

Essex County Judge

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check on following seven boxes.	instructions on page 3):
	Individual/sole proprietor or C Corporation S Corporation Partnership Single-member LLC	Frust/estate Exempt payee code (if any)
tio	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)	·
Print or type. Specific Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-me	Do not check Exemption from FATCA reporting
fic P	is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
eci	□ Other (see instructions) ►	(Applies to accounts maintained outside the U.S.)
Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requ	ester's name and address (optional)
See		
0	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	
Par	t I Taxpayer Identification Number (TIN)	
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social security number
backu	up withholding. For individuals, this is generally your social security number (SSN). However, for a	
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other	
backu reside	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid up withholding. For individuals, this is generally your social security number (SSN). However, for a ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	

TIN, later. Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II	Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Signature of	Detab	
Here	U.S. person 🕨	Date >	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

or

Employer identification number

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest),
- 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

FOR AUDITORS OFFICE USE ONLY	CE USE ONLY	**ESSEX COUNTY VOI	OV YTNUG
		ASSIGN	ASSIGNED COUN
NO ENC			ACCT
BATCH #	A	INVOICE #	GRP
PERIOD/YEAR			11714 5
VENDOR OR PO #			11714 5
CHECK MADE PAYABLE TO & ADDRESS:	E TO & ADDRESS:		11714 5
			11714 5
INVOICE #			
INVOICE DATE			
DUE DATE			
CASH ACCOUNT	120010		
SINGLE CHECK	z		
ACCOUNT GROUP	11714		
ACCOUNT		I HEREBY CERTIFY THAT THE FOREG	THAT THE FOREG
TASK		RENDERED OR SUPPLIES FURNISHED	PLIES FURNISHEI
ACCOUNT		THE AMOUNT STATED IS ACTUALLY D	ED IS ACTUALLY E
AMOUNT			
AMOUNT ALLOWED		÷	
1099	Μ	(PRINTED NAME)	
VOUCHER #			
DESCRIPTION			
CHECK #		APPROVED BY (DEPARTMENT HEAD)	ARIMENT HEAD)

*ESSEX COUNTY VOUCHER**	UNTY VC	UCHER*		NOTE	: VOUCHER PAC	NOTE: VOUCHER PACKET TO INCLUDE:
ASSIGNED COUNSEI				*ORIO	*ORIGINAL INVOICE, REC	*ORIGINAL INVOICE, RECEIPTS, & PACKING SLIPS
				*PAY	MENT COPY OF	*PAYMENT COPY OF PURCHASE ORDER
	ACCT			01		
INVOICE #	GRP	ACCT	AMOUNT	66	VCHR #	DESCRIPTION
	11714	5402		Ζ		
	11714	5403		Ζ		
	11714	5487		Z		
	11714	5497		Ζ		
HEREBY CERTIFY 1	THAT THE FORE	going inform	ATION IS TRUE ANI		RRECT, THAT T	HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, THAT THE SAID SERVICES WERE
ENDERED OR SUPI	PLIES FURNISH	ED AS STATED	THEREIN, THAT NO	PAR	I THEREOF HA	ENDERED OR SUPPLIES FURNISHED AS STATED THEREIN, THAT NO PART THEREOF HAS BEEN PAID AND THAT
HE AMOUNT STATED IS ACTUALLY DUE AND OWING	ED IS ACTUALLY		NG.			
•						
RINTED NAME)		(TITLE)		(SIG	(SIGNATURE)	(DATE)

(TITLE)

(SIGNATURE)

AUDITED BY

DATE AUDITED

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