

NEW YORK STATE  
OFFICE OF INDIGENT LEGAL SERVICES  
**COUNTY LAW ARTICLE 18-B ASSIGNED COUNSEL RATE INCREASE  
CERTIFICATION FORM**

<b>County</b>	<b>Certifier Name (Print)</b>
<b>Certifier Title</b>	<b>Certifier Office</b>
<b>Office Address</b>	
<b>Office Phone</b>	<b>Email</b>

<b>TIME PERIOD OF EXPENDITURES BEING CLAIMED</b>	
<p>In the box to the right, please select only the fiscal quarter for which your county is seeking reimbursement for assigned counsel rate increase expenditures. If your county needs to submit claims for multiple quarters, please complete and submit one certification form per quarter.</p>	<p><b>Check <u>One</u>:</b></p> <p><input type="checkbox"/> <b>April 1 – June 30, 2023</b></p> <p><input type="checkbox"/> <b>July 1 – September 30, 2023</b></p> <p><input type="checkbox"/> <b>October 1 – December 31, 2023</b></p> <p><input type="checkbox"/> <b>January 1 – March 31, 2024</b></p>

<b>EXPENDITURES BEING CLAIMED</b>	
<p>In the fields below please report the number of hours for which your county compensated assigned counsel attorneys for representation pursuant to County Law § 722-b during the time period indicated above. Please indicate <i>attorney hours only</i> for payments made at the statutory hourly rate.</p>	
<b>COLUMN 1: Hours</b>	<b>COLUMN 2: Reimbursement</b>
<b>(a) Misdemeanors:</b> #	(a) x \$49.00 = \$
<b>(b) Felonies and Criminal Appeals:</b> #	(b) x \$41.50 = \$
<b>(c) Family Court and Family Court Appeals:</b> #	(c) x \$41.50 = \$
	<b>Total (sum of Column 2): \$</b>

<b>CERTIFICATION</b>	
<p>I certify that the above Total being sought for reimbursement is just, true, and correct; and that no part thereof has been or will be reimbursed or paid for by another source of funding.</p>	
<b>Signature</b>	<b>Date</b>