

INSTRUCTIONS FOR COMPLETING STATEMENT OF APPROVAL OF COMPENSATION

(This form should be completed only if the fee is more than \$200.)

(UCS-830) — Revised 9/1/93

- Item 1 Enter the specific title of the court, e.g., Supreme Court, Surrogate's Court, etc. and enter the name of the county in which the appointing court is located.
- Item 2 Name and Address:
Enter name and mailing address of appointee.
- Social Security Number:
Enter social security number of appointee.
- Occupation:
Check appropriate box. If "other" please specify e.g., physician, accountant, etc.
- Firm Name:
Appointee's firm name must be entered here regardless of whether a member, partner, associate, counsel or employee and regardless of whether or not any fee or allowance received is to be retained or is to go to the firm.
- Federal Employer Identification No.:
Enter firm's Internal Revenue Service Federal Employer's Identification Number. Where no number is available enter "None".
- Phone No. Enter appointee's phone number.
- Item 3 Enter date of appointment-month, day and year.
- Item 4 Enter either the docket, file, Index number or any other identification assigned by the court to this matter. If there is no number assigned enter "None".
- Item 5 Enter the title of the action or proceeding in which appointed, e.g., Smith v. Jones, Matter of Adams, etc. Please limit the title to 25 spaces. If it is a multiparty action name only the first party, e.g., Smith et al v. Jones et al.
- Complete either item 6 or 6A, as appropriate.
- Item 6 Enter the first initial and full last name of the judge or justice who made the appointment. If made by the judges of a multi-judge court, enter "the Court."
- Item 6A Enter the first initial and full last name of the judge or justice who made the designation.
- Item 7 Enter the name of the person or interest represented. If there are multiple parties enter the specific name of the client. If appointee represents all plaintiffs or defendants in a multi-party case, state "all plaintiffs." If he represents the court, state "the Court." Please limit entry to 15 spaces.
- Item 8 Check the appropriate box for the nature of appointment. If it is not listed, check "Z" and specify the capacity in which appointed, e.g., "psychiatrist," "medical expert," "fingerprint expert," etc.
- Item 9 Enter in appropriate box whether or not the proceeding was contested.
- Item 10 Enter the gross dollar value of the action, proceeding or estate before the court.
- Item 11 Estimate the time spent by the appointee on this case, such time being the basis for the fee entered in item 12. Do not include waiting time in the number of hours shown for the time actually spent in court.
- Item 12 Enter the amount of the net fee or allowance excluding disbursements, as finally approved.
- Item 13 Appointee must sign affirmation and, if appointee is not an attorney, must have signature notarized.
- Item 14 The judge or justice approving the fee must enter the date fee was approved and sign the statement. If the compensation is specified or fixed by statute, indicate the section of the statute authorizing payment.

COURTS should address ALL STATEMENTS to:

Office of Court Administration
Statement of Approval of Compensation
Post Office Box 3171
Church Street Station
New York, New York 10008