Attachment 5

New York Case Identifier: ________________
____________________ Support Collection Unit
Page _____ of ______

Name of Applicant: ___________________________________
Address of Applicant: ________________________________
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TIME RECORD FOR LEGAL SERVICES PROVIDED

Date	Name of attorney providing service	Description of service	Total time for service provided (round to nearest quarter hour increment)
HOURLY RATE: $		**TOTAL HOURS FOR LEGAL SERVICES: _________**	