



New York State  
Unified Court System

**PAYROLL OPERATIONS  
JUDICIAL ASSIGNMENT COMPENSATION CLAIM FORM**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

NID # \_\_\_\_\_ DEPT ID # \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

**SECTION 1: COMPLETE THIS SECTION FOR FULL TERM (20 DAYS) ASSIGNMENTS:**

I hereby certify that I have been temporarily assigned to: \_\_\_\_\_ for the full term of  
in the following county \_\_\_\_\_ or city \_\_\_\_\_

**SECTION 2: COMPLETE THIS SECTION FOR WHOLE DAY ASSIGNMENTS:**

I hereby certify that I have been temporarily assigned to: \_\_\_\_\_ in the following county  
city \_\_\_\_\_ or court \_\_\_\_\_ on the days listed below:  
(Name of locally funded town/village court)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION 3: COMPLETE THIS SECTION FOR HALF DAY ASSIGNMENTS:**

I hereby certify that I have been temporarily assigned to: \_\_\_\_\_ in the following county  
city \_\_\_\_\_ or court \_\_\_\_\_ on the days listed below:  
(Name of locally funded town/village court)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Assigned Judge:

Date:

**REQUIRED FOR PROCESSING**

Approved by:

(Signature of Administrative/Supervising Judge)

Date:

# **JUDICIAL ASSIGNMENT COMPENSATION CLAIM FORM**

## **Instructions for CP-33**

**PLEASE COMPLETE THIS FORM USING CAPITALS. USE THE TAB KEY TO NAVIGATE THROUGH THE FORM, USING THE DROP-DOWN ARROWS WHERE APPLICABLE.**

Enter the following information in the top section of the form: Last name, first name and middle initial of the assigned judge, NID #, and the Department ID # using the drop-down list. **This form requires the signature of the assigned judge and date.**

**SECTION 1:** Use this section for **FULL TERM ASSIGNMENTS ONLY (20 DAYS)**. Use the drop-down list to select the COURT assigned to, the NUMBER OF THE TERM and either the COUNTY or CITY to which assigned.

**SECTION 2:** Use this section for **WHOLE DAY ASSIGNMENTS ONLY**. Use the drop-down list to select the COURT assigned to, and either the COUNTY, CITY or the LOCALLY FUNDED TOWN OR VILLAGE COURT to which assigned full days and list the dates in the space provided.

**SECTION 3:** Use this section for **HALF DAY ASSIGNMENTS ONLY**. Use the drop-down list to select the COURT assigned to, and either the COUNTY, CITY or the LOCALLY FUNDED TOWN OR VILLAGE COURT to which assigned half days and list the dates in the space provided.

**The CP-33 form must be approved and signed by your local administrative/supervising judge and submitted to the payroll office as soon as the temporary assignment concludes.**

Fully executed forms may be scanned to the payroll mailbox at:  
[payroll@nycourts.gov](mailto:payroll@nycourts.gov)