THIS APPLICATION IS ONLY FOR USE BY MEMBERS OF THE ASSIGNED COUNSEL PLAN FELONY PANEL SEEKING LIMITED MEMBERSHIP ON THE FAMILY COURT ASSIGNED COUNSEL PLAN PANEL FOR THE PURPOSE OF CONTINUING REPRESENTATION OF JUVENILES ARRAIGNED IN CRIMINAL COURT AND TRANSFERRED TO FAMILY COURT PURSUANT TO RAISE THE AGE LEGISLATION.

You must be a member in Good Standing of the Assigned Counsel Plan (Felony Panel) for the First Department.

You must have completed training regarding Raise the Age practice, procedural and substantive.

You must meet the practice experience standards for Family Court Panel.

You must complete the application, provide all requested documents and comply with any additional requests for information.

PANEL OF ATTORNEYS FOR CHILDREN* SUPREME COURT OF THE STATE OF NEW YORK APPELLATE DIVISION, FIRST DEPARTMENT

41 Madison Avenue - 39th Floor New York, NY 10010 212.340.0597

Please complete this form and submit it to the above address. You may attach supplementary information or continue your answers on the back of any sheet, if additional space is required. Your application will be processed when all of your references have been received. Thereafter, it will be submitted for investigation and consideration by the Departmental Advisory Committee, which makes the final recommendation on admission. Your attention is directed to the Rules of the Appellate Division, First Department 22 NYCRR Part 611 and Part 612 Appendix A, which controls the operation of the Panel. It is your responsibility to familiarize yourself with these Rules.

1. Personal data

Name: _			···	
Home ado	lress:			
Home pho	one:			
Office add	dress:			
Office ph	one:			
Cell phon	e:			
E-mail ad	dress:	<u>-</u>		
		ail: at		
On which	County Panel de	o you currently serve?		
Bronx Co	unty	New York Cou	nty	
Which Pa	nels are you curr	rently certified for?		
Misdeme	anor	Felony	Appella	nte
When we	re you certified t	o each Panel?	·	

Á	Admission to the New York State bar: c	lenartment	: date
	Admission(s) to other bars. Provide ju		· . -
Lega	l Experience.		
A.	Present legal employment/practice:		
Emp	loyer/position:		
	we may contact your employer?	NoYes. If yes, pro	vide relevant
Nam	e of supervisor:		
	e number:		
	Please attach a current curriculum nature of your practice and the nam	vitae. If you are a private p	ractitioner, describe
Phon	Please attach a current curriculum nature of your practice and the nam	vitae. If you are a private ples of your partners.	ractitioner, describe
Phon	Please attach a current curriculum nature of your practice and the nam	vitae. If you are a private pees of your partners.	ractitioner, describe
Phon B.	Please attach a current curriculum nature of your practice and the nam Indicate areas of practice, in order of	vitae. If you are a private pees of your partners.	ractitioner, describe
Phon B.	Please attach a current curriculum nature of your practice and the nam Indicate areas of practice, in order of the courts in which you have appeared	vitae. If you are a private ples of your partners. of volume: as lead or associate counsel, fo	ractitioner, describe
Phon B.	Please attach a current curriculum nature of your practice and the name and the name areas of practice, in order of the courts in which you have appeared Type of courts: Federal/State	vitae. If you are a private ples of your partners. of volume: as lead or associate counsel, fo Approximate # of	ractitioner, describer rhearings/trials. Approximate and type of actual

Но	w many of the above were jury trials? What was the top charge?
Ha	ve you represented clients at administrative hearings?
If s	o, provide a brief description of the proceedings below.
N.	ve you ever been employed by (or done volunteer work for) the Legal Aid Society, the Y.C. Corporation Counsel, a district attorney's office or any other governmental agency orivate organization that contracts with the government to provide legal services? Yes If yes, please note the nature of that experience below.
	scribe any other litigation, continuing legal education, law school clinical work, or any er experience you think relevant to consideration of your application.
nu ex	scribe your experience working with experts. Be specific. Include approximate mber of occasions, type of expert, and the nature of your contact: consultation, direct amination, cross examination. ** Provide the name and contact information for an pert with whom you have worked.
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3. Please list any experience you have in Family Court:

4.	ellaneous.	
	A.	Indicate if you have ever been denied membership or removed, and/or the circumstances surrounding resignation from any panel.
	B.	Do you belong to any bar associations or other professional organizations? Please indicate any committee work or officer positions held.
	C.	Have you ever had any formal or informal professional complaints lodged against you, whether with an appellate division or bar association grievance committee, an 18b assigned counsel plan or any other legal body? No Yes If yes, please indicate the date, nature and final
		disposition of the complaint.
	D.	Please list the names and addresses of three judges, two opposing counsel and two other attorneys to whom you are distributing the enclosed "request for reference."
		Judges:

Adversaries/attorneys:

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5. Writing Samples.	
Attach examples of your written work. At least one motion and one memorandum of law. Do not attach boilerplate motions. No application will be considered without writing samples.	0
The undersigned, an attorney duly admitted to practice before the courts of the State of New York affirms under penalties of perjury and states: 1) that I am in good standing and have complied with the biennial registration and continuing legal education requirements of the Office of Cour Administration; and 2) that the information provided herein is true and accurate to the best of m knowledge.	h t
Dated:	
Signature:	
Please Note:	

- (1) Pursuant to question 4(c), you must advise the Office of Attorneys for Children of any professional complaints that are filed against you subsequent to the filing of this application.
- (2) Please complete and return the annexed Affirmation and Consent and Authorization forms.
- (3) If there is a change in any of the information provided, the applicant is responsible for notifying the Office of Attorneys for Children of the change immediately.

AFFIRMATION

The undersigned, an attorney duly admitted to practice before the courts of the State of New York, affirms under penalties of perjury and states that the information provided herein is true and accurate.

Date:	_	
Signature of Affiant:	 	
Print Name:	 	

CONSENT AND AUTHORIZATION

I, hereby
authorize any investigative or disciplinary or attorney disciplinary committee, board or authority
to provide records and documents, dispositions and/or complaints, including but not limited to
formal and/or informal inquiries, petitions or complaints relating to me in its possession to: the
Appellate Division, First Department Assigned Counsel Plan/Attorneys for Children Panel, their agents and employees.
A facsimile copy of this Consent and Authorization shall be adequate authority to provide
such records and documents.
Signature
bighttete
Dated

Request for Evaluation of Candidate Skills and Qualifications for Panel Membership

Application of	
, Esq.	
To the panel of Attorneys for Children of Assigned Counsel Plan of the City of New	

Dear	
Dear	

I am applying for membership on the 18-b Family Court Panel and listed your name as a reference. Would you kindly provide the Appellate Division, First Department* with any pertinent information regarding my skill and experience in litigation under the Family Act. Comments about my skills, experience, and character would also be quite valuable. Obviously, your response will remain confidential with the Family Court Advisory Committee.

Since they hope to complete this process within thirty (30) days, I respectfully request that you send them your evaluation as soon as is reasonably possible. Any information received after the Committee has interviewed the applicant may not be considered.

Thank you in advance for your cooperation.

Very truly yours,

*Office of Attorneys for Children 41 Madison Avenue – 39th Floor New York, NY 10010