

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 determination 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

A. Name: _____

Social Sec/tax ID #: _____

Home address: _____

Home phone: _____ / _____

Office address: _____

Office phone: _____ / _____

Cell phone: _____ / _____

E-mail address: _____

*** I prefer to receive mail: _____ at home; _____ at the office.

B. Please indicate your preference for assignment by circling the panel(s) for which you wish to be considered. Remember that you can be on the trial panel in only **one** county. **Note:** Please be advised that every effort will be made to accommodate your choice of county, however, the final decision will be made by this Office based on the needs of the Panel, the courts and the litigants. Applicants to the Appellate Panel must submit at least two appellate briefs, together with accompanying motions, if any.

Bronx Family Court

Manhattan Family Court

First Department
Appellate

Bronx Supreme Court

Manhattan Supreme Court

* formerly known as the Law Guardian Plan

C. Law school and date of graduation: _____
Admission to the New York State bar: department _____; date _____
Admission(s) to other bars. Provide jurisdictions and dates of admission:

2. Legal Experience.

A. Present legal employment/practice:

Employer/position: _____

May we may contact your employer? _____ No. _____ Yes. If yes, provide relevant information:

Name of supervisor: _____

Phone number: _____

B. Please attach a current curriculum vitae. If you are a private practitioner, describe the nature of your practice and the names of your partners.

C. Indicate areas of practice, in order of volume: _____

D. Courts in which you have appeared as lead or associate counsel, for hearings/trials.

<u>Type of courts: Federal/State Family, Supreme, Surrogate</u>	<u>Approximate # of pretrial appearances</u>	<u>Approximate # of actual hearings/trials</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In how many of the above were you sole or lead counsel? _____

How many of the above were jury trials? _____

Have you represented clients at administrative hearings? _____ If so, provide a brief description of the proceedings below.

3. Family Practice Experience.

A. For each area of the following, provide the names of at least two cases in which you served as attorney of record for petitioner/respondent/child[ren]. Indicate your role, the names of the judge and opposing counsel, and specify what papers/pleadings you submitted. Please use a separate page(s) if necessary.

FCA Art 3:

FCA Art. 4:

FCA Art. 5:

FCA Art. 6, or DRL § 240:

FCA Art. 7:

FCA Art. 8:

FCA Art. 10:

SSL §384-b:

4. Miscellaneous.

A. Are you currently or have you ever served on, or applied for, any assigned counsel panel?
No _____ Yes _____ If yes, please indicate which panel(s), and note if you now have an application pending for or are now doing assigned counsel work. Indicate if you have ever been removed, and/or the circumstances surrounding resignation from any panel.. If the panel membership is/was outside the jurisdiction of the Appellate Division, First Department, please provide a letter of good standing from the program administrator.

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 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: _____

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 Court Administration; and 2) that the information provided herein is true and accurate to the best of my knowledge.

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 _____

Dated _____