

**APPLICATION FOR RECERTIFICATION TO THE FAMILY COURT  
ASSIGNED COUNSEL/LAW GUARDIAN PANEL**

NAME \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY OR TAX I.D. NUMBER \_\_\_\_\_

1. Do you wish to remain an active member of the Family Court Law Guardian /Assigned Counsel Panel of the Appellate Division, Second Department? YES \_\_\_\_ NO \_\_\_\_

If yes, answer the following:

2. In which counties are you certified? \_\_\_\_\_

3. Are you a member of any other assigned counsel plan? YES \_\_\_\_ NO \_\_\_\_

If YES give name and location. \_\_\_\_\_

4. Are you registered with the Office of Court Administration and have you paid the bi-annual fee of \$350.00? YES \_\_\_\_ NO \_\_\_\_

5. Did you attend the Mandatory Seminar given on \_\_\_\_\_? YES \_\_\_\_ NO \_\_\_\_  
If not, did you view the tape in a proctored setting. YES \_\_\_\_ NO \_\_\_\_  
Did you submit an affirmation of compliance? YES \_\_\_\_ NO \_\_\_\_

6. Indicate the number of Law Guardian/Assigned Counsel cases to which you are currently assigned. Law Guardian \_\_\_\_\_ Assigned Counsel \_\_\_\_\_

Indicate the number of Appeals to which you are currently assigned. \_\_\_\_\_  
Law Guardian \_\_\_\_\_ Assigned Counsel \_\_\_\_\_

In how many of the appeals did you represent the appellant?  
Law Guardian \_\_\_\_\_ Assigned Counsel \_\_\_\_\_

NAME \_\_\_\_\_

7. Have you registered with the Office of Court Administration as a private pay Law Guardian pursuant to Part 36 of the Rules of the Chief Judge ? YES \_\_\_ NO \_\_\_
8. In the past two years, how many cases have you been assigned as a "private pay" Law Guardian? # \_\_\_\_\_
9. Do you have any foreign language proficiency? If yes, please indicate below:  
\_\_\_\_\_
10. Have you within the past year been relieved from an assigned case, due to a conflict with a client or failure to appear? YES \_\_\_ NO \_\_\_  
If so, state particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Have you within the past year been suspended, removed or asked to resign from any assigned counsel panel? YES \_\_\_ NO \_\_\_  
If so, state particulars: ( use addendum, if necessary ).
12. In the past year, have you been the subject of any complaint or disciplinary proceeding ? YES \_\_\_ NO \_\_\_  
If YES, please indicate the status thereof:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Attorneys who were appointed to the Law Guardian Panel within the past 12 months are required to submit to the Law Guardian Program, at the time of recertification, a complete list of the cases to which they have been assigned since their appointment.  
  
Please include the following information: Name, Docket Number, Judge and Part, including the status of each case.  
  
Please return this list of cases with your completed Recertification Form.
14. The required waiver of confidentiality is attached to this application. YES \_\_\_ NO \_\_\_

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: \_\_\_\_\_

**WAIVER OF CONFIDENTIALITY**

I authorize the Grievance Committee of the Second Department, or any other department, to share information relative to me as an attorney with the Law Guardian Program of the Appellate Division, Second Judicial Department.

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Name (Please Print)

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Signature

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Date