

## LAW GUARDIAN RECERTIFICATION

1. Every Fall each member of the panel will be polled by email to ascertain whether he or she wishes to continue to serve on the panel the following year. Each member of the panel who wishes to be recertified must complete an application for recertification. (A copy of the application form is attached.)
2. Every Fall the Law Guardian Advisory Committee will request evaluations and recommendations of each panel member from each of the Family/Supreme Court Judges in the county. (A copy of the evaluation form is attached.)
3. Panelists are invited to submit one or more letters of recommendation from attorneys who are not members of any law guardian panel. Preferably, the letter(s) should come from an attorney who has served as opposing counsel in a litigated Family Court matter handled by the panelist.
4. Letters which are submitted pursuant to paragraph 3 must address the following issues: the panelist's integrity, the panelist's familiarity with the area of law in which he practices, and the vigor with which the panelist represents his client's case.
5. Panelists may submit copies of legal memoranda which have been prepared in assigned cases or any other material which the attorney believes may assist the committee in evaluating the attorney's performance as a panel member.
6. All letters of recommendation, other submitted materials and judicial evaluations must be submitted by \_\_\_\_\_ to the Advisory Committee.
7. All law guardians are required to have attended the mandatory training seminar(s) sponsored by the Law Guardian Advisory Committee for their respective judicial district(s) as a condition of recertification.
8. Based upon its review of the materials submitted and seminar attendance, the Advisory Committee shall recommend to the Appellate Division for recertification those members of the panel whom it believes have demonstrated the requisite qualifications.

Dear Colleague:

We are in the process of recertifying the members of the Law Guardian Panel for \_\_\_\_\_. If you wish to continue on this panel, please complete the attached Application for Recertification and return it to:

State of New York  
Law Guardian Program  
Second Judicial Department  
335 Adams Street, Suite 2400  
Brooklyn, New York 11201

If a response is not received by \_\_\_\_\_, it will be assumed that you no longer wish to continue on the panel.

A copy of the recertification procedures and the Law Guardian Evaluation Form are enclosed for your information. (The evaluation form is sent directly by this office to the judges to be completed by them.)

Thank you for your invaluable assistance to the courts and your clients by your continued cooperation in this program.

Very truly yours,

HARRIET R. WEINBERGER

HRW:jce  
Enclosures

**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 county 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 or 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 cover cases? 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 form 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

# LAW GUARDIAN/ASSIGNED COUNSEL EVALUATION FORM

\_\_\_\_\_  
Law Guardian/Assigned Counsel

Approximate number of matters before the Court in the past year.

0                      1-5                      6-10                      10+

Please check the appropriate box.

	<u>Poor</u>	<u>Acceptable</u>	<u>Good</u>	<u>Excellent</u>
1. Knowledge of the law:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Legal Judgement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Preparation of assigned cases:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Competency of advocacy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Punctuality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demeanor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Candor with the Court:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If POOR is answered in any one category, please comment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recommend:

1. Recertification \_\_\_\_\_

2. Denial of Recertification \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Recertification with Admonition and a period of Probation \_\_\_\_\_

Specific concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge/Justice/Court Atty Referee

Print name \_\_\_\_\_