

*Assigned Counsel Plan  
Appellate Division – Second Department  
253 Broadway - 8<sup>th</sup> Floor  
New York, NY 10007*

Dear Applicant:

We appreciate your interest in our program and have enclosed the application, a copy of the Rules of the Appellate Division, a copy of the Eligibility Requirements for the various panels and the Recommendation Guidelines. Please read them carefully.

**Please submit duplicate copies of your application, Certificate of Good Standing and a writing sample to:**

**Barbara A. DiFiore  
18-B Panel Administrator  
Assigned Counsel Plan  
253 Broadway – 8<sup>th</sup> Floor  
New York, NY 10007**

The Release and Waiver (page 9 of the application) must be notarized. Also, please note that the Letters of Recommendation must be sent directly to this office from the person making the recommendation.

Please submit one letter of recommendation from each of the following: (1) a member of the judiciary, (2) a trial adversary and (3) another colleague. The person making the recommendation should be familiar with your trial and/or written work. These recommendations should be prepared according to the Recommendation Guidelines. Please give a copy of the Recommendation Guidelines (attached to this letter) to each person who will be submitting a recommendation on your behalf. “Form letter” recommendation letters are not acceptable.

Once I have all materials, including all 3 letters of recommendation, I will forward to the relevant Bar Association. Once the Screening Committee has had an opportunity to review the materials, the Committee will schedule an interview.

The Screening Committee will review your application and interview you if your application meets the requirements as outlined in the Eligibility Requirements. The Committee will then determine whether or not to recommend you for membership on the panel or panels delineated in your application. If you are not recommended, the committee will notify you. If you are recommended, your application will be sent to this office for further processing.

If you have any questions about the application, requirements or the Assigned Counsel Program, please contact me at 212-312-6561 or e-mail me at [bdifiore@cityhall.nyc.gov](mailto:bdifiore@cityhall.nyc.gov).

Very truly yours,

**Barbara A. DiFiore**  
Assigned Counsel Plan Administrator  
Second Department  
2<sup>nd</sup> , 11<sup>th</sup> and 13<sup>th</sup> Judicial Districts

**Recommendation Guidelines**  
**Second Department, 2<sup>nd</sup> and 11<sup>th</sup> Judicial Districts**

RE: \_\_\_\_\_ (Name of Applicant)

The above-named applicant has applied for membership on one or more panels of the Assigned Counsel Plan in the Second Department, 2<sup>nd</sup>, 11<sup>th</sup> and 13<sup>th</sup> Judicial Districts. As part of the review process, the Screening Committee and the Assigned Counsel Plan require three letters of recommendation. If you plan to submit a letter of recommendation on behalf of the above-named applicant, please follow the guidelines listed below:

1. State the length of your acquaintance with applicant and in what capacity you are acquainted with the applicant (i.e., supervisor, adversary).
2. State whether or not you are familiar with the applicant's trial skills (i.e., tried a case against the applicant, presided over a trial in which the applicant was one of the attorneys, etc.) Briefly summarize your opinion of the applicant's trial skills.
3. State whether you have reviewed the applicant's written work (motions, responses to motions, briefs, etc.) Briefly summarize your opinion of the applicant's written work.
4. State any other information that you believe might be relevant to an assessment of the applicant's professional skills (demeanor in court, courtesy to judges and other attorneys, punctuality for court appearances, etc.)
5. State whether you recommend the applicant and the basis for your recommendation.

**Please send your letter directly to:**

**Barbara A. DiFiore**  
**18-B Panel Administrator**  
**Assigned Counsel Plan**  
**253 Broadway – 8<sup>th</sup> Floor**  
**New York, NY 10007**

Your letter will be included in the application package that will be sent to the relevant Bar Association Screening Committee.

*Assigned Counsel Plan  
Appellate Division, Second Department  
Second, Eleventh and Thirteenth Judicial Districts*

**PANEL APPLICATION – CRIMINAL PANELS**

Name	_____
Home Address	_____ _____
Office Address	_____ _____
Office Phone Number	_____
Cellular Phone Number	_____
E- Mail Address	_____

\*\*\*\*\*

Please indicate to which county you would like to apply for panel membership:	
<input type="checkbox"/> Kings County	<input type="checkbox"/> Queens County <input type="checkbox"/> Richmond County
Please indicate on which panels you would like to serve:	
<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony <input type="checkbox"/> "A" Felony <input type="checkbox"/> Appeals

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New York State Bar Admission:	
Date _____	Department _____
Other Bar Admissions and Dates _____	
Date of Last Attorney Registration in New York State _____	
Law School(s), Degree(s) and Date(s) of Graduation _____	

1. *State your present position and nature of your current practice:*

Position \_\_\_\_\_  
Name of Firm/Government Office \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Nature of Practice \_\_\_\_\_

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2. *List and briefly describe previous law positions held both before and after admission to the bar (includes dates). Please start with the most recent position prior to your current position. If there are more than 2 prior positions, please attach an addendum listing the additional positions.*

Position \_\_\_\_\_  
Name of Firm/Government Office \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

Position \_\_\_\_\_  
Name of Firm/Government Office \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

3. *Criminal Law Experience*

Number of cases handled to conclusion in which substantive work was performed:

\_\_\_\_\_ Misdemeanor

\_\_\_\_\_ Felony

Number of cases involving pre-trial motions (supply a copy of motion papers):

\_\_\_\_\_ Misdemeanor

\_\_\_\_\_ Felony

Number of pre-trial hearings in which testimony was taken:

\_\_\_\_\_ Misdemeanor

\_\_\_\_\_ Felony

Number of Jury trials (to verdict)

\_\_\_\_\_ Misdemeanor

\_\_\_\_\_ Felony

Number of Non-Jury Trials (to verdict):

\_\_\_\_\_ Misdemeanor

\_\_\_\_\_ Felony

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4. *Criminal Trial Experience – Applicants for Trial Panels Only*

*Please provide information about your most recent trials.*

*Applicants for Felony Panel – list the three most recent felony trials*

*Applicants for Misdemeanor Panel – list the three most recent trials*

1. Name of Defendant \_\_\_\_\_

Docket/Indictment Number \_\_\_\_\_

County \_\_\_\_\_

Top Charge \_\_\_\_\_

Date Trial Began \_\_\_\_\_

Name of Presiding Judge or Justice \_\_\_\_\_

Contact Information for Judge or Justice \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Adversary \_\_\_\_\_

Contact Information for Adversary \_\_\_\_\_

\_\_\_\_\_

*Criminal Trial Experience – continued*

2. Name of Defendant \_\_\_\_\_  
Docket/Indictment Number \_\_\_\_\_  
County \_\_\_\_\_  
Top Charge \_\_\_\_\_  
Date Trial Began \_\_\_\_\_  
Name of Presiding Judge or Justice \_\_\_\_\_  
Contact Information for Judge or Justice \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Adversary \_\_\_\_\_  
Contact Information for Adversary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name of Defendant \_\_\_\_\_  
Docket/Indictment Number \_\_\_\_\_  
County \_\_\_\_\_  
Top Charge \_\_\_\_\_  
Date Trial Began \_\_\_\_\_  
Name of Presiding Judge or Justice \_\_\_\_\_  
Contact Information for Judge or Justice \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Adversary \_\_\_\_\_  
Contact Information for Adversary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Criminal Trial Experience - "A" Felony Applicants Only:*

*In addition to the last three felony jury trials, please provide the following information for the last three "A" Felony cases that you tried. If you tried fewer than 3 "A" Felony cases, please provide the information for the one or two "A" felony cases that you tried.*

1. Name of Defendant \_\_\_\_\_  
Indictment Number \_\_\_\_\_  
County \_\_\_\_\_  
Top Charge \_\_\_\_\_  
Date trial began: \_\_\_\_\_  
Name of Presiding Judge or Justice \_\_\_\_\_  
Contact Information for Judge or Justice \_\_\_\_\_  
\_\_\_\_\_

Name of Adversary \_\_\_\_\_  
Contact Information for Adversary \_\_\_\_\_  
\_\_\_\_\_

2. Name of Defendant \_\_\_\_\_  
Indictment Number \_\_\_\_\_  
County \_\_\_\_\_  
Top Charge \_\_\_\_\_  
Date trial began \_\_\_\_\_  
Name of Presiding Judge or Justice \_\_\_\_\_  
Contact Information for Judge or Justice \_\_\_\_\_  
\_\_\_\_\_

Name of Adversary \_\_\_\_\_  
Contact Information for Adversary \_\_\_\_\_  
\_\_\_\_\_

3. Name of Defendant \_\_\_\_\_  
Indictment Number \_\_\_\_\_  
County \_\_\_\_\_  
Top Charge \_\_\_\_\_  
Date trial began \_\_\_\_\_  
Name of Presiding Judge or Justice \_\_\_\_\_  
Contact Information for Judge or Justice \_\_\_\_\_  
\_\_\_\_\_

Name of Adversary \_\_\_\_\_  
Contact Information for Adversary \_\_\_\_\_  
\_\_\_\_\_

5. *Criminal Appellate Experience – Applicants for Appeals Panel only:*

Number of Felony Appeals Completed: \_\_\_\_\_

Number of Cases Argued: \_\_\_\_\_

Submit a copy of 2 different briefs from criminal cases.

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6. *Other Background Information – Applicants for Trial Panel Only*

List the names, addresses and phone numbers of 3 adversaries on cases that you recently handled that are not already listed in the section on “Criminal Trial Experience”.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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7. *Other Panel Information – All Applicants*

If you are now or have ever been on any other assigned counsel panels, please list the panel, dates of membership and status on the panel. If no longer on the panel, please explain your reason for leaving.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any application pending for any other panels? If so, please provide the information about the pending application. \_\_\_\_\_

8. *Disciplinary Background – All Applicants*

Have you ever been the subject of a disciplinary action by any Grievance Committee?  
Yes \_\_\_ No \_\_\_

If yes, what was the outcome? Attach a separate addendum if necessary  
Are there any pending complaints against you?  
Yes \_\_\_ No \_\_\_

If yes, please explain (attach an addendum if necessary) \_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: IF THERE IS A PENDING COMPLAINT YOUR APPLICATION CANNOT BE APPROVED UNTIL FINAL DISPOSITION BY THE GRIEVANCE COMMITTEE.**

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9. *Other Relevant Experience – All Applicants*

Please provide any other information that you would like to be considered in reviewing your application. Examples of such information are as follows:

- (1) teaching experience in the field of law
- (2) pro-bono work
- (3) experience handling matters in Family Court
- (4) subject matter expertise in specific fields, such as DNA or immigration or the representation of clients with mental health issues, developmental disabilities, etc.

You may attach an addendum if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have proficiency in a foreign language? If yes, please provide details.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any other skills, degrees or certifications relevant to the practice of criminal law? If yes, please provide details.

\_\_\_\_\_  
\_\_\_\_\_

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10. Continuing Legal Education

Have you taken any continuing legal education credits in criminal law or related areas within the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the title of the courses and the number of credits per course taken.

\_\_\_\_\_  
\_\_\_\_\_

Attach an addendum if necessary.

There is a panel CLE requirement of 6 credits per year – 3 credits must be in an update of criminal law and the other 3 may be in criminal law or in an area related to criminal law. You must provide proof of fulfilling the current year’s requirements within 90 days of acceptance to the panel.

I hereby affirm under penalty of perjury that the information provided by me on this application is correct and complete to the best of my knowledge. I certify that I have read and am familiar with Article 18-B of the County Law, Rules of the Appellate Division Second Department and the Assigned Counsel Plan. I agree to abide by all rules and regulations now existing or from time to time promulgated and relating to the conduct of attorneys on the Assigned Counsel Plan Panels.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Use by the County Screening Committee Only

Action Taken:

\_\_\_\_\_ Recommended by the Committee for \_\_\_\_\_ Panels

\_\_\_\_\_ Recommended for Training and/or Mentor Program

\_\_\_\_\_ Not Recommended for Panel

\_\_\_\_\_

\_\_\_\_\_  
Committee Chairperson

\_\_\_\_\_  
Date

**RELEASE AND WAIVER**

I, \_\_\_\_\_, have applied for membership on one or more panels of the Assigned Counsel Plan for the Second, Eleventh and Thirteenth Judicial Districts. As a condition of my application for membership I consent to an investigation of my background by the Assigned Counsel Advisory Committee and the Assigned Counsel Plan Administrator.

I therefore authorize the release and disclosure of such information to the Assigned Counsel Advisory Committee and the Assigned Counsel Plan Administrator, including, but not limited to, files and records maintained by my former and current employers, by educational institutions, by governmental bodies, by professional associations, and by investigative, disciplinary or grievance bodies as they may relate to me.

I hereby waive any privilege of confidentiality with respect to the release of any such information.

A photocopy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_

**Signature of Applicant**

**Attorney Registration Number** \_\_\_\_\_

**Office Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Acknowledged Before me**  
**This** \_\_\_\_\_ **Day Of** \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**