

APPELLATE DIVISION, FOURTH DEPARTMENT
OFFICE OF ATTORNEYS FOR CHILDREN (AFC)
ANNUAL PANEL RE-DESIGNATION APPLICATION

This application must be submitted to the Office of AFC on or before **January 2** each year in order for the applicant to be eligible for panel re-designation.

First Name: _____ Last Name: _____

Panel member in which county(ies): _____

Address: _____

Phone : _____ Fax No. _____

E-mail address: _____

1. I affirm that I have read, understand, and that I am required to follow Section 7.2 of the Rules of the Chief Judge and be in compliance with the Summary of Responsibilities of the Attorneys for Children; that if I am involved in an appeal on behalf of my AFC client, I am charged with knowledge of all information contained in the Appellate Training for AFC seminar presented on March 26, 2013 and available on the AFC website; that I must have billing records sufficient to justify charges on my AFC vouchers; and that I have read and am fully familiar with the Compensation and Reimbursement Policies and Procedures.

Yes ____ No ____

2. I am currently registered and in good standing with the Office of Court Administration as required by Section 468-a of the Judiciary Law (having paid all biennial fees as required)

Yes ____ No ____

Attorney Registration. # _____

3. If since your last re-designation application you have become employed full-time by a government agency, please attach express written permission for panel membership from employer, Family Court and the Office of Attorneys for Children if you have not already done so.

4. If since your last re-designation application you have become employed part time as Assistant District Attorney, Public Defender, County Attorney, Municipal Corporation counsel, Judge or Justice of a city, town or village court or law clerk to a judge or justice, please indicate county of such employment:
_____ county.

5. During the past year, I have (append statement, if yes to any answer):

- a. Been charged with or convicted of any crime. Yes ___ No ___
- b. Been sanctioned or held in contempt by any court. Yes ___ No ___
- c. Had an order of protection issued against you. Yes ___ No ___
- d. Been suspended, removed or asked to resign from any assigned counsel plan or attorney for the child panel.

Yes ___ No ___

- e. Been notified that you are a subject as a parent or person responsible for the care of a child of any indicated report to the Statewide Central Register of Child Abuse and Maltreatment.

Yes ___ No ___

- f. Been notified by an attorney grievance committee that you are the subject of any complaint or disciplinary proceeding or that you are the subject of any professional discipline.

If yes, please state particulars and status thereof. If status is pending you must provide the Fourth Dept. AFC Program Office with the outcome.

Yes ___ No ___

- 6. I have accepted AFC assignments within the last year. Yes ___ No ___

If no, provide reason.

- 7. My availability to the Court is limited (e.g. not available after 1:00 p.m. or not available on Mondays).

Yes ___ No ___

If yes, provide reason.

- 8. **NEW:** If I represent a client on appeal as an AFC, I affirm that I will not do so and will request substitution unless I am fully familiar with and in compliance with those parts of the Rules of the Appellate Division, Fourth Department, 22 NYCRR 1000.1 - 1000.20, 1015.6 - 1015.8, which pertain to such appeal.

Yes ___ No ___

9. WAIVER OF CONFIDENTIALITY

I authorize the Committee of Professional Standards of the Fourth Judicial Department, or any other judicial department or grievance committee, to share information about me as an attorney with the Office of the Attorneys for Children in the Fourth Department.

10. I affirm under penalties of perjury that the above is true and correct.

Name (please print)

Signature

Date