APPLICATION TO THE ASSIGNED APPELLATE COUNSEL PLAN
SUPREME COURT, APPELLATE DIVISION,
THIRD JUDICIAL DEPARTMENT

Name of Applicant _____

Firm Name _____

Address _____

_____

City _____ **State** ____ **Zip Code** _____

County _____

Telephone _____ **Fax** _____

E-mail Address _____

NY Bar Admission Date _____ **Attorney Registration #** _____

Department of Admission 1st ☐ 2nd ☐ 3rd ☐ 4th ☐

PLEASE INCLUDE A RESUME AND WRITING SAMPLE WITH THIS APPLICATION

THIS APPLICATION IS FOR INCLUSION ON THE
ASSIGNED APPELLATE COUNSEL PLAN FOR:

Family Court Appeals Panel ☐ Criminal Appeals Panel ☐

1. Are you currently registered and in good standing with the Office of Court Administration as required by Judiciary Law § 468-a (having paid all biennial fees as required)?

   Yes ☐ No ☐

2. Do you have an office and/or residence within the Third Department? Yes ☐ No ☐

3. Are you currently engaged in full-time Public Employment? Yes ☐ No ☐

   If yes, please provide written verification from your full-time employer that you are permitted to serve on the Assigned Appellate Counsel Plan and receive compensation.

4. Have you ever been convicted of a crime in this state or an offense in any other jurisdiction which, if committed in New York, would constitute a crime?

   Yes ☐ No ☐

   If yes, state particulars.

5. Have you ever been sanctioned or held in contempt by any court? Yes ☐ No ☐

If yes, state particulars.

6. Have you ever had an order of protection issued against you? Yes ☐ No ☐

If yes, state particulars.

7. Have you ever been notified that you are the subject of any indicated report to the Statewide Central Register of Child Abuse and Maltreatment? Yes ☐ No ☐

If yes, state particulars.

8. Have you ever been denied admission to, or suspended, removed or asked to resign from, any assigned counsel plan or attorney for the child panel?

Yes ☐ No ☐

If yes, state particulars.

9. Have you ever been the subject of a complaint to an attorney grievance committee which resulted in a letter of caution or resulted in your admonition, reprimand, censure, suspension or disbarment from the practice of law?

Yes ☐ No ☐

If yes, state particulars.

10. Are you the subject of any pending complaint, disciplinary proceeding or charge before an attorney grievance committee?

Yes ☐ No ☐

If yes, please provide the name of the attorney grievance committee.

11. Indicate all assigned counsel plans, attorney for the child panels, and other panels of which you are currently a member and the year you were approved.

12. How many criminal cases have you participated in as sole or principal counsel? _____

a. How many of these cases were Misdemeanors? _____ Felonies? _____

b. How many of these resulted in :

Dismissal _____

Plea _____

Trial to verdict _____

13. How many Family Court cases have you participated in as sole or principal counsel? _____

a. How many of these have resulted in :

Dismissal ____

Settlement ____

Trial to verdict ____

14. How many appellate cases have you been involved in as sole or principal counsel?

Criminal _____ Family Court _____

a. Of these cases, in how many did you personally author the brief or argue the appeal?

	Authored Brief	Argued Appeal
Criminal	_____	_____
Family Court	_____	_____

15. Have you ever completed a clinical, advocacy, trial practice or other type of program in Law School? Yes ☐ No ☐

If yes, state particulars.

16. Do you have any other additional training, skills or experience, including foreign language proficiency, related to service as an assigned appellate counsel?

I authorize the Committee on Professional Standards of the Third Judicial Department, or any other judicial department or attorney grievance committee, to share with the Assigned Counsel Office for the Third Judicial Department, any information relative to me as an attorney, including nonpublic discipline.

I certify that the foregoing information is true and correct. I further acknowledge my ongoing obligation to inform the Assigned Counsel Office for the Third Judicial Department of any and all changes to the information provided herein.

_____

Name (please print)

_____

Signature

Sworn to before me this ___ day of _____ 20 ___

_____

NOTARY PUBLIC

Mail completed application to:

State of New York Supreme Court, Appellate Division
Third Judicial Department
P.O. Box 7288, Capitol Station
Albany, New York 12224-0288

Attn: Assigned Appellate Counsel Program