

***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	_____

\*\*\*\*\*

<p>Please indicate to which county you would like to apply for panel membership (select one):</p> <p><input type="checkbox"/> Kings County      <input type="checkbox"/> Queens County      <input type="checkbox"/> Richmond County</p> <p>Please indicate on which panels you would like to serve (select Misdemeanor or Felony not both):</p> <p><input type="checkbox"/> Misdemeanor    <input type="checkbox"/> Felony    <input type="checkbox"/> "A" Felony    <input type="checkbox"/> Appeals</p>
--

\*\*\*\*\*

<p>New York State Bar Admission:</p> <p>Date_____ Department_____</p> <p>Other Bar Admissions and Dates _____</p> <p>Date of Last Attorney Registration in New York State _____</p> <p>Law School(s), Degree(s) and Date(s) of Graduation _____</p>
---

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

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

\*\*\*\*\*

2. *List and briefly describe previous law positions held both before and after admission to the bar (include 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 \_\_\_\_\_  
Dates of Employment \_\_\_\_\_  
Name of Firm/Government Office \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

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

### *3. Criminal Law Experience*

Number of cases handled to conclusion in which substantive work was performed.  
Please note whether how many you handled as lead counsel and how many as “second seat.”

\_\_\_\_\_   
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

\*\*\*\*\*

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

Please state whether you tried the case as lead counsel or as a “second seat.”  
If you tried the case as a “second seat”, please provide the name and contact information  
the lead attorney.

*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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Were you lead counsel or “second seat”? \_\_\_\_\_  
If “second seat” please provide the name and contact information for lead counsel:  
  
Name \_\_\_\_\_  
Contact Information \_\_\_\_\_

*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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Were you lead counsel or “second seat”? \_\_\_\_\_  
If “second seat” please provide the name and contact information for lead counsel:  
  
Name \_\_\_\_\_  
Contact Information \_\_\_\_\_

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 \_\_\_\_\_  
 Were you lead counsel or “second seat”? \_\_\_\_\_  
 If “second seat” please provide the name and contact information for lead counsel:

Name \_\_\_\_\_  
 Contact Information \_\_\_\_\_

*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. Please state whether you tried the case as lead counsel or as a “second seat.” If you tried the case as a “second seat”, please provide the name and contact information the lead attorney.*

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 \_\_\_\_\_  
 \_\_\_\_\_  
 Were you lead counsel or “second seat”? \_\_\_\_\_  
 If “second seat” please provide the name and contact information for lead counsel:

Name \_\_\_\_\_  
 Contact Information \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_  
 Were you lead counsel or “second seat”? \_\_\_\_\_  
 If “second seat” please provide the name and contact information for lead counsel:  
 Name \_\_\_\_\_  
 Contact Information \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_  
 Were you lead counsel or “second seat”? \_\_\_\_\_  
 If “second seat” please provide the name and contact information for lead counsel:  
 Name \_\_\_\_\_  
 Contact Information \_\_\_\_\_

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.

\*\*\*\*\*

*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 \_\_\_\_\_

\*\*\*\*\*

*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.**

\*\*\*\*\*

*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.

---

---

\*\*\*\*\*

**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 \_\_\_\_\_

-----  
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**