

SUPREME COURT, APPELLATE DIVISION  
THIRD JUDICIAL DEPARTMENT  
OFFICE OF ATTORNEYS FOR CHILDREN  
**APPLICATION FOR COUNTY ADVANCED JD PANEL OF ATTORNEYS FOR CHILDREN**

**County**

\_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**NY Bar Admission Date** \_\_\_\_\_ **Attorney Registration #** \_\_\_\_\_

**Department** \_\_\_\_\_

1. 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 \_\_\_
  
2. I have an office and/or residence in panel county. Yes \_\_\_ No \_\_\_
  
3. I have completed the Advanced JD training conducted by the Appellate Division. Yes \_\_\_ No \_\_\_  
Date \_\_\_\_\_
  
4. Are you employed full time with any governmental agency? Yes \_\_\_ No \_\_\_  
If yes, please attach the express written permission from your employer, Family Court and the Office of Attorneys for Children.
  
5. Are you employed part time as Assistant District Attorney, County Attorney, Municipal Corporation counsel, Public Defender (or Conflict Defender, and the like) judge or justice of a city, town or village court or law clerk to a judge or justice? Yes \_\_\_ No \_\_\_

If yes, please indicate position and county.

Position \_\_\_\_\_

County \_\_\_\_\_

6. Are you a member of any assigned counsel (18B) panel? Yes \_\_\_ No \_\_\_

If yes, please indicate which county County \_\_\_\_\_

and which panel. Family \_\_\_ Criminal \_\_\_

7. Have you ever been a member of a county panel of attorneys for children? Yes \_\_\_ No \_\_\_

If so, please indicate which county and provide dates of panel membership.

County \_\_\_\_\_

Dates of panel membership \_\_\_\_\_

8. Have you ever:

a. Been charged with or convicted of any crime? Yes \_\_\_ No \_\_\_

If yes, please state particulars and indicate the status thereof.

b. Been sanctioned or held in contempt by any court? Yes \_\_\_ No \_\_\_

If yes, please state particulars.

c. Had an order of protection issued against you? Yes \_\_\_ No \_\_\_

If yes, please state particulars.

d. Been notified that you are the 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 \_\_\_

If yes, please state particulars and indicate the status thereof.

e. Been suspended, removed or asked to resign from any assigned counsel plan or attorney for the child panel? Yes \_\_\_ No \_\_\_

If yes, please state particulars and indicate the status thereof.

f. Been notified by any Attorney Grievance Committee that you are the subject of any public or private professional discipline, including letters of education and/or advisement? Yes \_\_\_ No \_\_\_

If yes, please state particulars and include any related documentation.

9. I have the following substantial and relevant experience in the practice of criminal law to effectively represent children in felony cases:

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10. Please retype the attached Form Letter on applicant's own letterhead and send to the Attorney Grievance Committee of the jurisdiction in which applicant maintains his or her principal law office.

11. CONSENT TO RELEASE OF INFORMATION

I consent to the release by the Attorney Grievance Committee for the Third Judicial Department, to the Director of the Office of Attorneys for Children of the Appellate Division, Third Judicial Department, or his/her designee, solely for use by the Office of Attorneys for Children of the Appellate Division, Third Judicial Department, in approving panel membership on the Advanced Juvenile Delinquency Panel of Attorneys for Children, of information related to the making, investigation and determination of complaints against me handled by the Committee, including letters of private discipline, letters of education and/or

with educational language and letters of advisement, but excluding information related to complaints which were dismissed, closed or not investigated by the Committee.

12. I affirm under penalties of perjury that the foregoing information is true and correct.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Action by Family Court Judge

\_\_\_\_\_ I have determined that the applicant has met both the training and experience requirements for designation as an Advanced Juvenile Delinquency attorney for the child pursuant to Rules of the Appellate Division, Third Department [22 NYCRR, § 835.2 (b) (3) (ii) and (iii)], and hereby approve the application and recommend that the applicant be added to the Advanced Juvenile Delinquency panel of attorneys for children for this county.

\_\_\_\_\_ I hereby deny the application for the following reasons:

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

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE RETYPE THE FOLLOWING ON APPLICANT'S OWN LETTERHEAD AND SEND TO THE ATTORNEY GRIEVANCE COMMITTEE FOR THE JURISDICTION IN WHICH APPLICANT MAINTAINS A PRINCIPAL LAW OFFICE.**

(Date)

New York State Supreme Court  
Appellate Division, Third Judicial Department  
Attorney Grievance Committee  
286 Washington Avenue Extension  
Suite 200  
Albany, NY 12203

(If your principal law office is located outside the Third Department, please send your request to the appropriate Attorney Grievance Committee.)

Re: (Applicant's Name)  
(Attorney Registration No.)  
(Date of Birth)  
(Year Admitted & Department)

Dear Sir / Madam:

In order to complete the application process to be designated to the Attorneys for Children Panel in the Third Judicial Department, I am writing to request that Grievance Committee for the Third Judicial Department deliver an attorney disciplinary history letter to the Director of the Office of Attorneys for Children of the Appellate Division, Third Judicial Department, or his/her designee, whose offices are located at 286 Washington Avenue Extension, Suite 202, Albany, NY 12203, solely for the use by the Office of Attorneys for Children of the Appellate Division, Third Judicial Department, in approving panel membership on the Attorney for the Child Panel.

In connection with this request, I consent to the release of information by the Attorney Grievance Committee for the Third Judicial Department related to the making, investigation and determination of complaints against me handled by the Committee, including letters of private discipline, letters of education and/or with educational language, and letters of advisement, but excluding information related to complaints which were dismissed, closed or not investigated by the Committee.

Sincerely,

(Signature of Applicant)

cc: Office of Attorneys for Children

November 2, 2018