

SUPREME COURT, APPELLATE DIVISION
THIRD JUDICIAL DEPARTMENT
OFFICE OF ATTORNEYS FOR CHILDREN
APPLICATION FOR COUNTY 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 introductory training required 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 and which panel.

County _____

Family Criminal

7. 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 advisement? Yes No

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

8. I have participated as counsel of record or as co-counsel with a mentor in:

(1) A juvenile delinquency or person in need of supervision proceeding entitled

in _____ County Family Court;

(2) A child abuse, child neglect, or termination of parental rights proceeding entitled

in _____ County Family Court;

(3) A custody or visitation proceeding entitled

in _____ County Family Court;

and have participated in or observed two hearings in Family Court at which testimony was taken entitled

in _____ County Family Court; and

in _____ County Family Court.

9. I was previously a member of the panel of attorneys for children in _____ County from _____ until _____

10. I have the following additional training and experience related to service as attorney for the child: _____

11. 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.

12. 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 Attorney for the Child Panel, 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.

13. 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 attorney for the child pursuant to the Rules of the Appellate Division, Third Department [22 NYCRR 835.2 (a) (1) (ii) and (iii)], and hereby approve the application and recommend that the applicant be added to the panel of attorneys for children for this county.

_____ I have determined that the applicant has met the experience requirement for designation as an attorney for the child pursuant to the Rules of the Appellate Division, Third Department, [(22 NYCRR 835.2 (a)(1)(iii))] and hereby approve the application and recommend that the applicant be added to the panel of attorneys for children for this county, subject to the requirement that the applicant attend the introductory training seminar required by the Appellate Division within the first year of panel membership.

_____ I hereby defer action on the application, refer the applicant to _____ as mentor, and direct that a copy of this application be forwarded to the Appellate Division's Office of Attorneys for Children.

_____ I hereby deny the application for the following reasons:

Dated: _____ Signature: _____

Approval of Deferred Application:

Having previously deferred action on the application, I have now determined that the applicant has met the training and experience requirements for designation as a panel member pursuant to the Rules of the Appellate Division, Third Department [22 NYCRR 835.2(1)] and hereby approve the application and recommend that the applicant be added to the panel of attorneys for children for this county.

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 the Attorney 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 of 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

June 9, 2023