

Assigned Counsel Plan

253 Broadway, Room 200
New York, New York 10007

EXPERT ROSTER APPLICATION

The Expert Roster of the Assigned Counsel Plan of the City of New York:

In accordance with Article 18-b of the County Law, the Assigned Counsel Plan (ACP) of the City of New York provides counsel to persons charged with a crime who are entitled to counsel and are financially unable to obtain counsel. In addition, ACP provides for investigative, expert and other services necessary for an adequate defense. The list of professionals that offer the investigative and expert services is referred to as the Expert Roster.

Instructions

1. Complete the Expert Roster Application by answering all questions in full. All applicants must answer all questions located on pages 1 through 3; business entity-related questions are located on page 5 (Supplement 1); field of expertise-related questions are included on page 6 (Supplement 2); those applicants required to include detailed responses may do so on pages 7 and 8 (Supplements 3A and 3B). Completed applications, including the required material listed below in numbers two and three, should be submitted to the Assigned Counsel Plan, attn: Background Review Manager, 253 Broadway, Room 200, New York, NY 10007.
2. Once you have completed the Application, you must complete the Certification Section (located on page 4). In order to be considered for review, the certification must be **NOTARIZED**.
3. The following documents must be included with your Expert Roster Application. All information must be current.
 - Substitute W-9 Form (*included with the Application and available at <http://www.comptroller.nyc.gov/bureaus/acc/w9-intermediate-page.shtm>*). If you will be providing your services as an individual, the information on the Substitute W-9 must match the related information you provide on page 1 under the "Expert's Information" section; if you will be providing your services through a for-profit or not-for-profit entity, the information on the Substitute W-9 must match the related information you provide on page 5 (Supplement 1) in the "Business Entity" section.
 - Three (3) letters of recommendation. References should include criminal defense attorneys and/or judges with whom you have recently worked; forensic experts may include family court attorneys and fellow forensic experts as references. The letter of recommendation should include the length and capacity of acquaintance; the applicant's qualifications for the Expert Roster; circumstances under which the reference worked with the applicant; any other information that might be relevant to an assessment of the applicant's professional skills.
 - Resume or Curriculum Vitae
 - Copy of Professional License, if applicable
 - Clear copy of government-issued picture ID – only a Driver's License, Non-Driver's ID or Passport are acceptable
 - A copy of your OCA certification and OCA-required photo if you are certified by the Office of Court Administration (OCA)
4. Upon receipt of your application, you will receive notification from the ACP.
5. If you have any questions about the application process, please contact the Background Review Manager at (212) 676-0418 or kdoherly@cityhall.nyc.gov.

Application for Assigned Counsel Plan Expert Roster Certification

<input type="checkbox"/> Initial	<input type="checkbox"/> Reactivation
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Name of Expert: _____ (first)	_____ (initial)	_____ (last)
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Home Address: _____ (street; no PO Boxes accepted)	_____ (apt #)
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_____ (city)	_____ (state)	_____ (zip code)
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Phone Number: _____	Cell Phone Number: _____
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Fax Number: _____	Email Address: _____
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Date of Birth: _____	Social Security Number*: _____
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YES **NO** Do you intend to provide your 18-b expert services through a for-profit or not-for-profit business entity? If you answer “NO,” please proceed to question #1. If you answer “YES,” please provide the requested information on “SUPPLEMENT 1” on page 5.

1. Primary Area(s) of Expertise**: _____ _____	Sub-area(s) of Expertise**: _____ _____
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If you are an **interpreter, psychologist, social worker, mitigation specialist, sentencing advocate, medical expert, psychiatrist, investigator, forensic expert or paralegal, please answer the field of expertise-related questions on “SUPPLEMENT 2” on page 6.

2. **YES** **NO** Does your area of expertise require a license to qualify as an expert in your field? If you answer “NO,” please proceed to question #3. If you answer “YES,” please provide the following information concerning your licensure:

Professional License Type: _____	License Number: _____
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State of Issuance: _____	Date of Issuance: _____ (mo/dy/year)	Date of License Expiration: _____ (mo/dy/year)
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YES **NO** Do you have other related licenses? If so, please set forth related detail(s) on “SUPPLEMENT 3A” on page 7.

3. **YES** **NO** Do you hold a degree(s) related to your area of expertise? If you answer “YES,” please list details below. If you answer “NO,” please answer the following:

YES **NO** Do you hold a degree(s) unrelated to your area of expertise? If you answer “YES,” please list details below. If you answer “NO,” please proceed to question #4.

Degree: _____	Year Received: _____
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Name of Issuing Institution: _____	State/Country: _____
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Degree: _____	Year Received: _____
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Name of Issuing Institution: _____	State/Country: _____
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YES **NO** Do you have an additional degree(s) related or unrelated to your area of expertise? If so, please set forth related detail(s) on “SUPPLEMENT 3A” on page 7.

* The disclosure of the **social security number** is mandatory under the right granted New York City by the Tax Reform Act of 1976 and will be used for the purpose of tax administration. The number may also be used for general identification purposes. If you do not consent to such additional use for general identification purposes, please check here .

4. **YES** **NO** In the past five (5) years, have you attended any formal seminars, workshops or classes on topics related to your expertise? If you answer "NO," please proceed to question #5. If you answer "YES," please provide the following information regarding the program/class:

Program/Class Title: _____	Program/Class Date(s): _____
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Length (hours/no. of sessions): _____	Sponsoring Organization: _____
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YES **NO** Have you received a certificate for this seminar, workshop or class? If so, please attach a copy.

YES **NO** Have you attended any formal seminars, workshops or classes in addition to the above-mentioned one? If so, please set forth related detail(s) on "SUPPLEMENT 3A" on page 7.

5. **YES** **NO** Do you belong to any professional associations? If you answer "NO," please proceed to question #6. If you answer "YES," please list the associations you belong to below:

Association: _____	Member since: _____
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YES **NO** Do you belong to additional professional associations? If so, please set forth related detail(s) on "SUPPLEMENT 3A" on page 7.

6. How many years have you been working in the field of your expertise? _____

7. **YES** **NO** Have you presented/lectured at any formal seminars, workshops or classes on topics related to your area of expertise? If you answer "NO," please proceed to question #8. If you answer "YES," please provide the following information:

Program/Class Title: _____	Program/Class Date(s): _____
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Institution: _____

YES **NO** Have you presented/ lectured at any formal seminars, workshops or classes on topics related to your area of expertise? If so, please provide detail(s) on "SUPPLEMENT 3A" on page 7.

8. **YES** **NO** Have you worked with any assigned counsel plans or defense organizations within the last five (5) years? If you answer "NO," please proceed to question #9. If you answer "YES," please list the assigned counsel plan(s) or defense organization(s) you worked with below:

Agency: _____	From: _____ To: _____ (year) (year)
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Agency: _____	From: _____ To: _____ (year) (year)
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YES **NO** Have you worked with an additional assigned counsel plan(s) or defense organization(s) within the last five (5) years? If so, please set forth related detail(s) on "SUPPLEMENT 3A" on page 7.

9. **YES** **NO** Have you been qualified as an expert in any court? If you answer "NO," please proceed to question #10. If you answer "YES," please list the court(s) in which you qualified below:

Court: _____	Jurisdiction: _____	Qualification Date: _____ (mo/dy/year)
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Court: _____	Jurisdiction: _____	Qualification Date: _____ (mo/dy/year)
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YES **NO** Have you been qualified as an expert in an additional court(s)? If so, please provide detail(s) on "SUPPLEMENT 3A" on page 7.

10. YES NO Have you been denied qualification as an expert in any court? If you answer “NO,” please proceed to question #11. If you answer “YES,” please provide detail(s) on “SUPPLEMENT 3A” on page 7.

11. YES NO Have you testified in court in your professional capacity in the past? If you answer “NO,” please proceed to question #12. If you answer “YES,” please indicate the following:

No. of times testified for the Prosecution: _____	No. of times testified for the Defense: _____
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12. Approximately how many case reports have you submitted in your capacity as an expert? _____

13. Please indicate whether you have been subject to any of the following actions, whether pending or completed.

a. YES* NO Have you been removed by a court from a case in which you were to perform expert services and/or testified as an expert?

b. YES* NO Have you been convicted of a crime in this state, or in any jurisdiction of any offense which, if committed in New York, would be considered a crime?

c. YES* NO Are there any felony or misdemeanor charges currently pending against you?

d. YES* NO Have you had professional or other type of license or certification suspended or revoked?

e. YES* NO Have you had sanctions imposed as a result of judicial or administrative disciplinary proceedings with respect to any professional licenses or certifications you hold or have held?

f. YES* NO Were you suspended or removed from any Assigned Counsel Plan or defense organizations in any jurisdiction?

***IF YOU ANSWER “YES” TO ANY OF THE QUESTIONS ABOVE, SET FORTH THE RELATED DETAIL(S) ON “SUPPLEMENT 3B” ON PAGE 8.**

14. YES NO Do you have any foreign language proficiencies? If “YES,” please list: _____

15. YES NO Are you willing to offer your investigative or expert services at a correctional facility?

16. Please check all boroughs which you are willing to travel:
 The Bronx Manhattan Brooklyn Queens Staten Island

Please provide any additional material and relevant information for ACP to consider in evaluating this Expert Roster Application, aside from the information you will be providing in the detailed response section that corresponds to the questions above. Any additional documentation you would like to provide may be appended to this Application.

CERTIFICATION

A materially false statement willfully or fraudulently made in connection with this Expert Roster Application may result in its rejection and, in addition, may subject the Applicant making the false statement to criminal charges. Complete in front of a Notary Public.

I, _____, hereby certify that I supplied full,
(Print Applicant's name)
complete, accurate and truthful responses to each question in this Application. I understand that the Assigned Counsel Plan will rely on the information supplied in this Application as an inducement to certify my services to the Expert Roster.

Applicant's Signature

Date

Sworn before me this _____ day of _____, 20 _____.

Notary Public

SUPPLEMENT 1: BUSINESS ENTITY INFORMATION

Please provide the information requested below for the for-profit or not-for-profit business entity through which you intend to provide 18-b services.

1. Complete Business Name: _____		2. Tax Identification Number: _____	
3. Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Not For-Profit Corp. <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> J.V. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership (If partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited Liability <input type="checkbox"/> Limited) <input type="checkbox"/> Other: _____			
4. Business Address: _____ (street; no PO Boxes accepted)			_____ (floor/suite #)
_____ (city)	_____ (state)	_____ (zip code)	
5. <input type="checkbox"/> YES <input type="checkbox"/> NO Are you currently an officer or owner of this organization, or have you served in this organization in either capacity in the past? If you answer "NO," please proceed to question #6. If you answer "YES," please provide details related to your service: _____ _____			
6. <input type="checkbox"/> YES <input type="checkbox"/> NO Does this business now use, or has it in the past ten (10) years used a DBA, trade name and/or abbreviation other than the name listed in question #1 and/or TIN other than the number listed in question #3? If you answer "NO," please proceed to question #7. If you answer "YES," please provide that information below:			
DBA: _____		TIN: _____	
Trade Name: _____		Abbreviation: _____	
7. <input type="checkbox"/> YES <input type="checkbox"/> NO Is there any other expert(s) from this organization who may render services on a case(s) to which you are assigned? If yes, please insert the relevant information below. If additional space is needed, please duplicate this page and submit it along with the Application. SUBMIT A PHOTO COPY OF A RESUME OR CV, GOVERNMENT-ISSUED ID AND PROFESSIONAL LICENSE (IF APPLICABLE) FOR ALL ADDITIONAL MEMBERS OF THE ORGANIZATION LISTED.			
7a. Name of Individual: _____ (first)		_____ (initial)	_____ (last)
Date of Birth: _____		Social Security Number: _____	
Professional License Type: _____ <input type="checkbox"/> N/A		License Number: _____	
State of Issuance: _____	Date of Issuance: _____ (mo/dy/year)	Date of License Expiration: _____ (mo/dy/year)	
7b. Name of Individual: _____ (first)		_____ (initial)	_____ (last)
Date of Birth: _____		Social Security Number: _____	
Professional License Type: _____ <input type="checkbox"/> N/A		License Number: _____	
State of Issuance: _____	Date of Issuance: _____ (mo/dy/year)	Date of License Expiration: _____ (mo/dy/year)	
7c. Name of Individual: _____ (first)		_____ (initial)	_____ (last)
Date of Birth: _____		Social Security Number: _____	
Professional License Type: _____ <input type="checkbox"/> N/A		License Number: _____	
State of Issuance: _____	Date of Issuance: _____ (mo/dy/year)	Date of License Expiration: _____ (mo/dy/year)	

SUPPLEMENT 2: FIELD OF EXPERTISE-RELATED INFORMATION

Please provide the information requested if your field of expertise is listed below.

INTERPRETERS ONLY:

Please check which agency you are certified by:	
<input type="checkbox"/> NYS Office of Court Administration	<input type="checkbox"/> Federal Court
<input type="checkbox"/> Other State Court (please provide name of state): _____	

PSYCHOLOGISTS, SOCIAL WORKERS, MITIGATION SPECIALISTS AND SENTENCING ADVOCATES ONLY:

Please check your areas of expertise:		
<input type="checkbox"/> Eyewitness Identification	<input type="checkbox"/> Post-Traumatic Trauma	<input type="checkbox"/> Rape Trauma
<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Mental Disease/Defect
<input type="checkbox"/> Mitigation/Sentencing Advocacy	<input type="checkbox"/> Custody/Visitation	<input type="checkbox"/> Children and Families
<input type="checkbox"/> Alcohol and Substance Abuse	<input type="checkbox"/> Clinical Issues	<input type="checkbox"/> Psychosis
<input type="checkbox"/> Other (please list): _____		

MEDICAL EXPERTS AND PSYCHIATRISTS ONLY:

<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have malpractice insurance? If "YES," please enclose a copy of your current malpractice insurance certificate.		
Please check your areas of expertise:		
<input type="checkbox"/> Evaluation of Medical Records	<input type="checkbox"/> Trauma	<input type="checkbox"/> Cause of Death
<input type="checkbox"/> Competence to Stand Trial	<input type="checkbox"/> Pediatric Psychiatry	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Alcohol and Substance Abuse	<input type="checkbox"/> Forensic Psychiatry	<input type="checkbox"/> Cognitive Disorders
<input type="checkbox"/> Other (please list): _____		

INVESTIGATORS ONLY:

How many criminal cases have you investigated? _____	Check areas of expertise below:	
<input type="checkbox"/> Narcotics	<input type="checkbox"/> Sex Crimes	<input type="checkbox"/> Assault/Attempted Murder
<input type="checkbox"/> Burglary	<input type="checkbox"/> Robbery	<input type="checkbox"/> White Collar Crime
<input type="checkbox"/> Other (please list): _____		

FORENSIC EXPERTS ONLY:

Check areas of expertise below:		
<input type="checkbox"/> Toxicology	<input type="checkbox"/> Forensic Biology/DNA	<input type="checkbox"/> Etymology
<input type="checkbox"/> Trace Evidence	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Forensic Psychology
<input type="checkbox"/> Crime Scene Investigation	<input type="checkbox"/> Forensic Imaging	<input type="checkbox"/> Clandestine Lab Investigation
<input type="checkbox"/> Arson Analysis	<input type="checkbox"/> Firearms and Toolmarks	<input type="checkbox"/> Bloodstain Pattern Analysis
<input type="checkbox"/> Other (please list): _____		

PARALEGALS ONLY:

<input type="checkbox"/> YES <input type="checkbox"/> NO Have you been certified by an ABA-accredited program? (attach copy of certificate), OR, <input type="checkbox"/> YES <input type="checkbox"/> NO Have you completed one year of law school? (attach copy of transcript)	
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you worked as a paralegal in a law firm? For _____ years.	
Check areas of experience: <input type="checkbox"/> Criminal <input type="checkbox"/> Civil	

SUPPLEMENT 3A: DETAILED RESPONSES

This section is provided for detailed responses to corresponding questions within the Application. If additional space is needed, please duplicate this page and submit it along with the Application.

2. Other related licenses		
Professional License Type: _____		License Number: _____
State of Issuance: _____	Date of Issuance: _____ (mo/dy/year)	Date of License Expiration: _____ (mo/dy/year)

3. Additional related and unrelated degree(s)		
Degree: _____		Year Received: _____
Name of Issuing Institution: _____		State/Country: _____
Degree: _____		Year Received: _____
Name of Issuing Institution: _____		State/Country: _____

4. Other specialized training		
Program/Class Title: _____		Program/Class Date(s): _____
Length (hours/no. of sessions): _____	Sponsoring Organization: _____	
Program/Class Title: _____		Program/Class Date(s): _____
Length (hours/no. of sessions): _____	Sponsoring Organization: _____	

5. Additional professional associations		
Association: _____		Member since: _____
Association: _____		Member since: _____
Association: _____		Member since: _____

7. Additional programs/classes taught/lectured:		
Program/Class Title: _____		Program/Class Date(s): _____
Institution: _____		
Program/Class Title: _____		Program/Class Date(s): _____
Institution: _____		

8. Other assigned counsel plan(s) and/or defense organization(s)		
Agency: _____	From: _____ To: _____ (year) (year)	
Agency: _____	From: _____ To: _____ (year) (year)	

9. Additional court(s) qualified as an expert		
Court: _____	Jurisdiction: _____	Qualification Date: _____ (mo/dy/year)
Court: _____	Jurisdiction: _____	Qualification Date: _____ (mo/dy/year)
Court: _____	Jurisdiction: _____	Qualification Date: _____ (mo/dy/year)

SUPPLEMENT 3B: DETAILED RESPONSES RELATED TO DISCIPLINARY ACTIONS

This section is provided for detailed responses to corresponding questions within the Application. If additional space is needed, please duplicate this page and submit it along with the Application.

13a. Removed by court from a case		
Date of Action: _____	Court: _____	Presiding Judge: _____
Reason for removal from case: _____ _____ _____		

13b. Criminal conviction		
Date of Charges: _____	Court: _____	Index or docket no.: _____
Nature of charges: _____ _____ _____		
Result of charges: _____ _____		

13c. Pending charges		
Date of Charges: _____	Court: _____	Index or docket no.: _____
Nature of charges: _____ _____ _____		

13d. License or certification suspension/revocation		
Type of license/Certification: _____	Number: _____	<input type="checkbox"/> Suspended or <input type="checkbox"/> Revoked
Name of Sanctioning Agency: _____		
Reason for Action: _____ _____ _____		

13e. Judicial or administrative sanctions	
License/certification affected: _____	Date of Sanction: _____
Name of Sanctioning Agency: _____	
Sanction description: _____ _____	
Reason for Sanction: _____ _____ _____	
Current status of License/Certification: _____	

13f. Suspension or removal from Assigned Counsel Plan	
Location of ACP: _____	Date of Action: _____
Reason for Sanction: _____ _____ _____	