

Application, Recertification, and Agreement for Assigned Counsel Program Participation

<u>Instructions for Submitting Applications</u>

- 1. The application is in PDF format and entries should be directly typed into the application.
 - a. Fill out pages two through six completely.
 - b. For the panel portion of the application in criminal cases, fill out the section for the highest panel you want to be considered for. That will certify you for the lower criminal panels.
 - c. For family court, parole, and appeals panels fill out the information requested for those particular panels.
 - d. Complete page 27.
- 2. If you are emailing your application:
 - a. Save the completed application under the file name: Application_LastName_FirstName
 - b. Email your completed application and resume as an attachment to the following address: application@ocbaacp.org
 - c. Attach all writing samples and other documents to the email as well.
- 3. If you are mailing or dropping off your application and any attachments, you may do so at:

OCBA Assigned Counsel Program

Attn: Application

109 S. Warren St., Suite 220

Syracuse, NY 13202

4. Once your application is received and reviewed to ensure that all needed documents are submitted you will receive a confirmation email.



form.

Social Security

Number:

Onondaga County Bar Association Assigned Counsel Program, Inc.

Applicant Information Please keep ACP updated as to any changes under this *Applicant Information* section.

Full Name: Last**Business** Address: StateHome Address: StreetCityState ZipBusiness **Business** Phone: Email: Fax Cell: Number: (office use only) Please indicate whether Tax ID # OR S.S. # should be used for your 1099. Please complete and attach original W-9

Experience

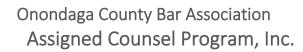
OR

Tax ID

Number:

| _ | Number of Years: | | Number of Years: |
|----------------------|------------------|-----------------------------|------------------------|
| Practicing Law | | Public Defender's Office | |
| ACP Criminal Panel | | Private Criminal Practice | |
| ACP Family Law Panel | | Private Family Law Practice | |
| Hiscock Legal Aid | | Prosecutor's Office | |
| Civil Practice | | Other Law Experience | (Please explain below) |

Other experience:





| General Information Please be advised you must report any changes in the answers to the questions below | to the ACP | offico |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| | | |
| Are you a member of the Onondaga County Bar Association? | YES | NO |
| Are you a member of the New York State Defenders Association (NYSDA)? | YES | NO |
| Are you a member of the New York State Association of Criminal Defense Lawyers (NYSACDL)? | YES | NO |
| Are you Veteran of the United States Armed Forces? | YES | NO |
| Do you speak a language other than English, fluently? | YES | NO |
| If yes, which languages: | | |
| Are you a member of any assigned counsel (18b) program(s) in other counties or of the Federal CJA? | YES | NO |
| If yes, state particulars: | | |
| Have you ever been denied admission to, suspended, removed, or asked to resign from an assigned counsel program or attorney for the child panel? If yes, state particulars: | YES | NO |
| Have you ever been denied admission to, suspended, removed, or asked to resign as a member of a State Bar? | YES | NO |
| If yes, state particulars: | | |
| 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: | | |
| Are you the subject of any pending complaint, disciplinary proceeding, or charge before an attorney grievance committee? If yes, state particulars: | YES | NO |
| 22 y co, source parviounies | | |
| Have you ever been convicted of a criminal offense in this state or in any other jurisdiction which, if committed in New York state, would constitute a crime? | YES | NO |



If yes, state particulars:

| Have you ever been sanctioned or held in contempt by any court? | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| If yes, state particulars: | | |
| 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: | | |
| Are you working as an employee or contract attorney for any government department or agency? | YES | NO |
| If yes, where/ job title? | | |
| Are you currently employed with law enforcement or offices that engage in prosecution, probation, or parole? | YES | NO |
| If yes, state particulars: | | |



| | CLEs | | |
|----------------------------------------------------------|--------------------------------------------------------------------|-------|--------------|
| I have completed the follow (see ACP Handbook for specif | ving panel related CLEs in the past 24 mor ic CLE requirements) | nths: | |
| Title | Sponsoring Organization | Date | # of Credits |
| | | | |
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Assigned Counsel Panel Lists

I wish to be placed on the following Assigned Counsel Panel lists (select all that apply). Applicants for these panels must meet qualification requirements set forth in the ACP Handbook:

| Criminal Cases | Family Court Cases | | Other | |
|------------------------------------|---------------------------------------------------------------------------------------------------|--|--------------------------------------|--|
| Misdemeanor | Custody and Visitation/ Family Offense/ Paternity/ Abuse/ Neglect/ Termination of Parental Rights | | Parole | |
| Non-Violent Felony | | | Morning Arraignments (City Court) | |
| Violent Felony | | | Evening Arraignments (CAP) | |
| Homicide/ Predatory Sex Offense | | | Criminal Appeals | |
| | | | Family Court Appeals | |
| All the Above | | | All the Above | |



Arraignment Assignments

Please indicate whether you are interested in being an arraignment attorney in either of the following arraignment courts:

Morning Arraignments in City of Syracuse Court

Centralized Arraignment Program (evenings, 4:00-10:30p, PSB)

If you have checked one or more of the above, please describe the experience and/or training you have relevant to criminal arraignment matters:



Panel Requirements

Threshold Criteria

To be considered for placement on an Assigned Counsel Panel, attorneys must satisfy the following threshold criteria:

1. Attorneys must be admitted to practice law before the courts of the State of New York and in good standing with the New York State Office of Court Administration.

I am compliant with this requirement

I am not compliant with this requirement

2. Attorneys must be a resident of Onondaga County or a contiguous county and must have an appropriate office setting where they can meet with clients in Onondaga County. Attorneys on the Appeals Panel must be residents of Onondaga County, a contiguous county and/or the Fourth Judicial Department and are exempt from the office requirement.

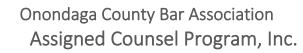
I am compliant with this requirement

I am not compliant with this requirement

3. Attorneys must maintain legal malpractice insurance coverage of no less than \$100,000.00 and provide annual verification to the Assigned Counsel Program.

I am compliant with this requirement and have attached a copy of my malpractice binder.

I am **not** compliant with this requirement





| | Misdemeanors and Community Court Panel |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is the perc | eentage of your practice that is or will be devoted to Criminal Defense Law?% |
| _ | torneys are eligible to accept assignments to criminal misdemeanor and violation prosecutions. To be cipation in the Misdemeanor Panel, attorneys must meet the following criteria in either Method A or |
| | $\underline{\mathrm{Method}\; \mathrm{A}}$ |
| • | be considered by experience, please use the space below or attach a description of your substantial ndling criminal matters (i.e.: number of years handling criminal cases, where, what type, approx. how |
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| | $\underline{\text{Method B}}$ |
| | Panel Applicants must have attended/viewed the Nuts and Bolts of a misdemeanor case program or an introductory criminal law practice program or equivalent program. |
| | I am compliant with this requirement |
| | I am not compliant with this requirement |
| | I have not attended/viewed an introductory criminal law practice program, but I agree to attend/view ACP Nuts and Bolts of a misdemeanor program. |
| | I agree |
| | I do not agree |
| | |



| 3. | If attorney has less than 5 years of criminal defense experience, attorney must agree to actively |
|----|---------------------------------------------------------------------------------------------------|
| | participate in the ACP Mentoring Program. |

I agree

I do **not** agree

4. Attorney must attend an intensive skill development trial trainer of at least 3 days within the first 18 months of admission to panel.

I agree

I do ${f not}$ agree



Non-Violent Felony Panel

| Panel Attorn years. | eys will only be considered for this panel if they have been practicing criminal law for at least two |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is the p | percentage of your practice that is or will be devoted to Criminal Defense Law?% |
| case, predato | attorneys are eligible to accept assignments to any criminal matter other than a violent felony, homicion ry sexual abuse case, or criminal appeal. To be eligible for participation in the Non-Violent Felony Panels that the following criteria in either Method A or Method B: |
| | $\underline{\mathrm{Method}\; \mathrm{A}}$ |
| - | to be considered by experience, please use the space below or attach a description of your substantial handling criminal matters (i.e.: number of years handling criminal cases, where, what type, approx. ho |
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| | Method B |
| | ant has been a member of the Misdemeanor Panel for at least one year and during the period of on the Misdemeanor Panel have: |
| 1. | Handled 30 cases on that panel to conclusion |
| | I am compliant with this requirement |
| | I am not compliant with this requirement |
| 2. | Has tried as lead counsel at least one misdemeanor jury trial or two misdemeanor bench trials to verdict and have conducted three suppression hearings in a criminal case in which oral testimony was taken and a ruling on the hearing was rendered; |
| | I am compliant with this requirement |
| | I am not compliant with this requirement |
| | |



| If compliant, pleas | e provide o | captions of | cases, dates, | and presiding judge: |
|---------------------|-------------|-------------|---------------|----------------------|
|---------------------|-------------|-------------|---------------|----------------------|

| 3. | Has used | the serv | vices of a | ın invest | igator on | at least | 2 cases |
|----|----------|----------|------------|-----------|-----------|----------|---------|
| | | | | | | | |

I am compliant with this requirement

I am **not** compliant with this requirement

If compliant, please provide captions of cases, dates, and presiding judge:

4. Has filed motions on at least 10 cases

I am compliant with this requirement

I am not compliant with this requirement

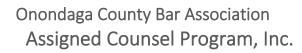
If compliant, please provide a copy of a motion you have authored and filed on a criminal case.

5. Has substantially assisted an experienced, felony trial panel attorney under the Second Chair Program of the ACP in at least two felony trials to verdict

I am compliant with this requirement

I am **not** compliant with this requirement

If compliant, please provide captions of cases, dates, first chair counsel and presiding judge:





For the period indicated, list the number of each of the following types of witnesses you have examined during litigated hearings or trials in criminal cases.

| | Past 3 Years | Court | Cross/ Direct | Type of Case |
|---------------------------------|--------------|-------|---------------|--------------|
| Ballistics Experts | | | | |
| FBI/DEA/ATF Agents | | | | |
| Chemist/ Lab Tech | | | | |
| Fingerprint Experts | | | | |
| Medical Examiners | | | | |
| Medical Experts | | | | |
| Police Officers | | | | |
| Psychiatrists/ Psychologists | | | | |
| Serologists | | | | |
| Undercover Agents | | | | |
| Other | | | | |

Any cases you wish us to consider outside the 3-year period, please provide below:

I am willing to allow a less experienced attorney to "second chair" a trial or hearing that I do.



Violent Felony Panel

| Panel Attorneys will only be considered for this panel if they have been practicing criminal law for at least three years. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is the percentage of your practice that is or will be devoted to Criminal Defense Law?% |
| This panel of attorneys are eligible to accept assignments to any criminal matter other than homicide cases, predatory sexual abuse cases, and criminal appeals. To be eligible for participation for participation in the Violent Felony Panel, attorneys must meet the following criteria in either Method A or Method B: |
| $\underline{\mathrm{Method}\; \mathrm{A}}$ |
| If you want to be considered by experience, please use the space below or attach a description of your substantial experience in handling criminal matters (i.e.: number of years handling criminal cases, where, what type, approx. how many): |
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| Method B |
| 1. Panel applicant has been a member of the Non-Violent Felony Panel for at least 2 years |
| I am compliant with this requirement |
| I am not compliant with this requirement |
| 2. Panel applicant has handled at least 40 felony assigned cases to conclusion |
| I am compliant with this requirement |
| I am not compliant with this requirement |
| 3. Panel applicant has tried at least 3 felony cases to verdict as lead trial counsel |
| I am compliant with this requirement |
| I am not compliant with this requirement |
| |



| If | 'compliant, p | lease provid | le captions of t | three most recent | cases, dates and | ł presiding judge: | |
|----|---------------|--------------|------------------|-------------------|------------------|--------------------|--|
| | | | | | | | |

4. Panel Applicant has demonstrated high-quality legal writing through submission of post-indictment motion filed in a felony case

I am compliant with this requirement

I am **not** compliant with this requirement

If compliant, please provide a copy of a post-indictment motion you have authored and filed on a criminal case.

5. Panel Applicant has demonstrated an ability to use appropriate experts including investigators.

I am compliant with this requirement

I am not compliant with this requirement

If compliant, please provide captions of three most recent cases where you have utilized an expert, investigator or other non-attorney professional. Please provide captions of cases, dates, presiding judge and which professionals you have used:



| 6. | Panel applicant has substantially assisted an experienced, violent felony panel attorney under the |
|----|----------------------------------------------------------------------------------------------------|
| | Second Chair Program in at least two violent felony trials to verdict. |

I am compliant with this requirement

I am **not** compliant with this requirement

If compliant, please provide captions of cases, dates, first chair and presiding judge:

For the periods indicated, list the number of each of the following types of witnesses you have examined during litigated hearings, preliminary hearings or trials in criminal cases.

| | Past 5 Years | Past Year | Cross/ Direct | Type of Case |
|---------------------------------|--------------|-----------|---------------|--------------|
| Ballistics Experts | | | | |
| FBI/DEA/ATF Agents | | | | |
| Chemist/ Lab Tech | | | | |
| Fingerprint Experts | | | | |
| Medical Examiners | | | | |
| Medical Experts | | | | |
| Police Officers | | | | |
| Psychiatrists/ Psychologists | | | | |
| Serologists | | | | |
| Undercover Agents | | | | |
| Other | | | | |









Homicides/ Predatory Sexual Abuse Panel

| Panel Attorne years. | ys will only be considered for this panel if they have been practicing criminal law for at least seven |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is the pe | ercentage of your practice that is or will be devoted to Criminal Defense Law?% |
| _ | attorneys are eligible to accept assignments to any criminal matter other than appeals. To be eligible for the Homicide/ Predatory Sexual Abuse Panel, attorneys must meet the following criteria in either Method B: |
| | $\underline{\mathrm{Method}\; \mathrm{A}}$ |
| | be considered by experience, please use the space below or attach a description of your substantial handling criminal matters (i.e.: number of years handling criminal cases, where, what type, approx. ho |
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| | $\underline{	ext{Method B}}$ |
| | nt has been a member of the Violent Felony Panel List for at least 2 years and during the period on a Felony Panel List: |
| 1. | Has tried at least 3 felony cases to verdict as chief trial counsel |
| | I am compliant with this requirement |
| | I am not compliant with this requirement |
| | If compliant, please provide captions of three most recent cases, dates and presiding judge: |
| | |



2. Has substantially assisted an experienced trial attorney under the Second Chair Program in the trial of at least 2 homicide cases to verdict in a New York State Court

I am compliant with this requirement

I am **not** compliant with this requirement

If compliant, please provide captions of cases, dates, first chair, and presiding judge:

- 3. Panel Applicant has actual court experience in at least 50 felony criminal cases through disposition during the last five years including cross examination during trial of at least four of the following expert witnesses:
 - i. Police Officer working in an undercover capacity
 - ii. An expert offering opinions on fingerprints
 - iii. An expert offering opinions on ballistics and/or firearms
 - iv. Psychiatrists or psychologists
 - v. Other medical experts, including a medical examiner
 - vi. Experts from a laboratory, including but not limited to all people classified by the Court as experts from a NYS forensic science or investigation center
 - vii. Child sexual abuse accommodation syndrome expert
 - vii. Other trial experts

I am compliant with this requirement

I am not compliant with this requirement



For the periods indicated, list the number of each of the following types of witnesses you have examined during litigated hearings, preliminary hearings or trials in criminal cases.

| | Past 5 Years | Past Year | Cross/ Direct | Type of Case |
|--------------------------------------------------------|--------------|-----------|---------------|--------------|
| Ballistics Experts | | | | |
| FBI/DEA/ATF Agents | | | | |
| Chemist/ Lab Tech | | | | |
| Fingerprint Experts | | | | |
| Medical Examiners | | | | |
| Medical Experts | | | | |
| Police Officers | | | | |
| Psychiatrists/ Psychologists | | | | |
| Serologists | | | | |
| Undercover Officers | | | | |
| Child Sexual Abuse Accommodation Syndrome Expert | | | | |
| Other Trial Experts | | | | |

If there are any cases you'd like us to consider outside the five-year period where you have examined expert witnesses, please provide below:

I am willing to allow a less experienced attorney to "second chair" a trial or hearing that you do



Parole Panel

This panel of attorneys are eligible to accept assignments to parole revocation cases. To be eligible for this panel, attorneys must meet the following criteria in either Method A or Method B:

Method A

If you want to be considered by experience, please use the space below or attach a description of your substantial experience in handling criminal matters (i.e.: number of years handling criminal cases, where, what type, approx. how many):

Method B

| 1. | Attend the | Onondaga | County A | ACP "Nuts | and Bolts" | program |
|----|------------|----------|----------|-----------|------------|---------|
|----|------------|----------|----------|-----------|------------|---------|

I agree

I do **not** agree

2. Agree to actively participate in the ACP Mentoring Program if the attorney has less than 5 years of criminal defense experience

I agree

I do **not** agree

3. Attend and intensive skill development trial trainer of at least 5 days within the first 18 months of admission to the panel

I agree

I do **not** agree

4. Attend an ACP sponsored or approved parole revocation training and a training on sentence calculation.

I agree

I do **not** agree



| Appeals Panel | Appeal | ls P | anel |
|---------------|--------|------|------|
|---------------|--------|------|------|

| Percen | tage of your practice that is or will be dedicated to appellate law:% | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| | anel of attorneys is eligible to accept appellate assignments from the Appellate Division and Court of Appeals. eligible for participation in the Appeals Panel List, attorneys must meet the following criteria: | | | | | |
| A. Panel Applicant has completed the requirements set forth from time to time by the Appellate D Department for placement on that court's list of attorneys qualified to represent litigants in crand/or domestic relations appeals as permitted by law. | | | | | | |
| | I am compliant with this requirement | | | | | |
| | I am not compliant with this requirement | | | | | |
| В. | Panel Applicant has completed the Fourth Department full-day trainer in the specific area for which the attorney wishes to receive assignments (either Family Court, Criminal Court, or both). | | | | | |
| | 1. Have you attended training in appellate practice presented by the Appellate Division Fourth Department, for assigned attorneys within the past 5 years in the area of Criminal appeals? | | | | | |
| | YES NO | | | | | |
| | 2. Have you attended training in appellate practice presented by the Appellate Division Fourth Department, for assigned attorneys within the past 5 years in the area of Family Court appeals? | | | | | |
| | YES NO | | | | | |
| C. | Panel Applicant is in compliance with additional qualifications that may be set by the ACP, including but not limited to, attendance at specific or additional continuing legal education programs and peer review of appellate briefs prior to submission. | | | | | |
| | I agree | | | | | |
| | I do not agree | | | | | |
| In how | many appellate case, criminal and civil, have you been involved as sole or principal counsel in the past 5 years? | | | | | |
| | Criminal | | | | | |
| | Family | | | | | |
| | | | | | | |



In how many of each of the following categories of case did you personally author the brief or argue the appeal?

| | Authored Brief | | Argued Appeal | | Type of Case | |
|------------------------------------------------|----------------|-----------|---------------|-----------|--------------|--------|
| | Past 5 Years | Past Year | Past 5 Years | Past Year | Criminal | Family |
| Appeal to County Court | | | | | | |
| Appellate Division | | | | | | |
| NY Court of Appeals | | | | | | |
| US Court of Appeals 2 nd Circuit | | | | | | |
| US Supreme Court | | | | | | |

If you wish to be assigned to handle appeals, please submit with this application two appellate briefs, law review article or similar publication which you have personally authored.



| Family Court Panel |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What percentage of your practice that is or will be dedicated to family law?% |
| The panel of attorneys is eligible to accept assignments to custody and visitation; family offense; paternity; violation of support order matters; abuse; neglect; and termination of parental rights cases. To be eligible for this panel attorneys must meet the following criteria in either Method A, Method B or Method C: |
| $\underline{\mathrm{Method}\; \mathrm{A}}$ |
| If you want to be considered by experience, please use the space below or attach a description of your substantial experience in handling family matters (i.e.: number of years handling family cases, where, what type, approx. how many): |
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| $oxed{	ext{Method B}}$ |
| Panel applicants must have the following general requirements within the 2 preceding years: |
| The attorney must demonstrate knowledge of the substantive and procedural law related to family law assignments and be experienced in family court procedures and rules of evidence. |
| I am compliant with this requirement |
| I am not compliant with this requirement |
| Prior to joining the panel, the attorney must have represented clients in no less than ten matters of at least two types of Family Court proceedings to completion. |
| I am compliant with this requirement |
| I am not compliant with this requirement |
| |



3. List the total number of cases in the past 2 years for the following types of cases:

| | Total Cases Handled | Total Cases Handled at least through hearing | Check if you have second chaired |
|-----------------------------------------------|---------------------|-------------------------------------------------|----------------------------------|
| Child Abuse | | | |
| Child Neglect | | | |
| Voluntary Placement | | | |
| Termination of Parental Rights | | | |
| Representation of Birth Parent in Adoption | | | |
| Support | | | |
| Paternity | | | |
| Family Offense | | | |
| Custody Visitation | | | |
| Violation of Order of Protection | | | 11.16.11.1 |

If there are any cases you'd like us to consider outside the two-year period where you have handled family law cases, please provide below:



Method C

Panel Applicants must agree to:

1. Complete a comprehensive Family Court training program approved by the ACP with at least 4 credit hours focused specifically on the handling on abuse/neglect/termination of parental rights matters

I am compliant with this requirement

I agree to meet this requirement

2. Be mentored through the handling of at least four such matters, two of which involve Abuse/Neglect/Termination of Parental Rights, through a mentoring and second chair program established or approved by the ACP

I am compliant with this requirement

I agree to meet this requirement

3. Attend an intensive skill development trial trainer of at least 3 days within the first 18 months of admission to the panel.

I am compliant with this requirement

I agree to meet this requirement



*If there is anything else you would like us to consider, please attach to application.

Acknowledgement and Signature

I hereby acknowledge that I am a member of the New York State Bar in good standing, that I have received and am familiar with the rules and regulations of the OCBA Assigned Counsel Program, Inc. and that I agree to fully comply with those rules and regulations as a condition of participating as an independent contractor in the Assigned Counsel Program. I further agree that I will immediately notify the Assigned Counsel Program of any change of circumstances which would affect my eligibility for further assignments as requested above, including but not limited to any change in my right or ability to practice law or any change or termination in malpractice insurance coverage or any change in relation to the questions under the General Information Section. I certify that the information provided on this application is complete and accurate. I understand that withholding of information or giving false information may affect my eligibility for Panel Membership with the OCBA Assigned Counsel Program.

| Affirmed under penalties of perjury this | day of | |
|------------------------------------------|--------|--|
| Print Name: | | |
| Signature: | | |