

**MONROE COUNTY**  
**ASSIGNED COUNSEL PROGRAM**  
**Misdemeanor Panel Application**  
(please print or type)

Date \_\_\_\_\_

Name \_\_\_\_\_

Office Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Social Security \_\_\_\_\_ Tax ID Number \_\_\_\_\_

I Wish to Be Paid in *(Individual)* *(Firm)* Name (Circle One)

Name of Firm (if applicable) \_\_\_\_\_

Firm Tax ID Number \_\_\_\_\_

1. Admitted to practice: State \_\_\_\_\_ Year \_\_\_\_\_  
State \_\_\_\_\_ Year \_\_\_\_\_

2. In what Department were you admitted to practice in New York?  
\_\_\_\_\_ Department

3. How long have you been practicing as an attorney?  
Years \_\_\_\_\_ Months \_\_\_\_\_

4. Are you currently registered with the Office of Court Administration?  
YES NO (CIRCLE ONE)

5. Approximately what percentage of your practice is devoted to criminal work?  
\_\_\_\_\_ %

7. Approximately how many BENCH trials have you conducted?  
\_\_\_\_\_

(If you have been practicing FIVE (5) years or more, list only those trials conducted during the past 36 months.)

8. Please list the approximate dates of your most recent trials and, if possible, the courts or judges before whom they were heard:

<u>Date</u>	<u>Court/Judge</u>
_____	_____
_____	_____
_____	_____

9. Check which hearings you have conducted during the past 36 months and indicate the approximate number of each.

<input type="checkbox"/> Huntley _____	<input type="checkbox"/> Probation Violation _____	<input type="checkbox"/> Probable Cause _____
<input type="checkbox"/> Wade _____	<input type="checkbox"/> Parole Violation _____	<input type="checkbox"/> Other (List) _____
		_____
		_____

10. Approximately how many misdemeanor matters have you handled in the past 36 months which were resolved short of trial?

\_\_\_\_\_

In which courts were those matters handled?

- City Court
- Town Courts

11. Have you ever conducted a felony TRIAL?      YES                  NO      (Circle One)

12. List any other relevant experience:

\_\_\_\_\_

\_\_\_\_\_

13. Note any specialized criminal training or expertise you have:

\_\_\_\_\_

\_\_\_\_\_

14. Indicate any continuing education instructional programs/seminars pertaining to criminal law that you have attended in the past FIVE (5) years.

<u>Topic</u>	<u>Approximate Date</u>	<u>Sponsor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Have you ever acted as assigned counsel for a person accused of a crime before?

YES NO (Circle One)

16. Have you ever been employed as an attorney with a Legal Aid Society, Public Defender's Office, District Attorney's Office, or State or Federal Prosecutor's Office?

YES NO (Circle One)

If so, name of office(s):

\_\_\_\_\_

Location(s): \_\_\_\_\_

\_\_\_\_\_

Approximate Dates: \_\_\_\_\_

\_\_\_\_\_

17. List any relevant JUDICIAL clerkship you have held:

Court

Judge

Date

\_\_\_\_\_

18. List any relevant appellate work you have done:

\_\_\_\_\_

\_\_\_\_\_

### Do you wish to do Misdemeanor appeals?

YES NO (CIRCLE ONE)

19. Are you comfortable communicating with clients in another language (including sign)? If so, list: (i.e. Polish, Spanish, etc.)

\_\_\_\_\_

#### Affirmation

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

I agree to comply with the terms of the Monroe County Assigned Counsel Plan, all regulations promulgated by the Administrator, including payment regulations, all procedures regarding assignments, and all applicable statutory and case law in connection with my role as an assigned attorney. I also agree to fulfill any continuing legal education requirements as determined by the Monroe County Bar Association. Further, I agree to immediately notify both the assigning judge and the Administrator in the event I am unable to continue to effectively represent my client at any time.

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

Date: \_\_\_\_\_