

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

Applying for Advanced JD panel status in \_\_\_\_\_ County(s)

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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).

Attorney Registration # \_\_\_\_\_ Yes \_\_\_ No \_\_\_

2. I am an attorney for children. Yes \_\_\_ No \_\_\_

If yes, please list counties designated to: \_\_\_\_\_, \_\_\_\_\_

3. I am a member of an assigned counsel (18B) panel. Yes \_\_\_ No \_\_\_

If yes, please list which county and what panel. County \_\_\_\_\_

Family \_\_\_ Criminal \_\_\_

4. I am employed as an Assistant District Attorney, County Attorney, Municipal Corporation counsel, Public Defender, 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: \_\_\_\_\_

5. Foreign languages spoken fluently:

\_\_\_\_\_

6. I have:

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

If yes, please state particulars and indicate status thereof.

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

If yes, please state particulars.

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

If yes, please state particulars.

d. Been notified that I am the subject as a parent or person responsible for the care of a child of any indicated report to the Statewide Register of Child Abuse and Maltreatment.

Yes \_\_\_\_ No \_\_\_\_

If yes, please state particulars and indicate status thereof.

e. Been suspended, removed or asked to resign from any assigned counsel plan or attorney for the child panel.

Yes \_\_\_\_ No \_\_\_\_

If so, please state particulars and indicate status thereof.

f. Been notified by an Attorney Grievance Committee that I am the subject of any public or private professional discipline, including letters to education and/or advisement.

Yes \_\_\_\_ No \_\_\_\_

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

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

8. I am willing to appear for a juvenile who is arrested after business hours. Yes \_\_\_\_ No \_\_\_\_  
*Please note courts prefer that Advanced JD panel members are willing to appear after business hours.*
9. I affirm under penalties of perjury that the foregoing information is true and correct.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete, sign and mail the application to:

Appellate Division Fourth Department  
Attorneys for Children Program  
M. Dolores Denman Courthouse  
50 East Avenue  
Rochester, NY 14604

or e-mail to:  
Linda Kostin, AFC Program Director  
[lkostin@nycourts.gov](mailto:lkostin@nycourts.gov)