

APPELLATE DIVISION, SECOND JUDICIAL DEPARTMENT  
Attorneys for Children/Assigned Counsel Panel

Kings County



2  
0  
2  
3

Attorney Evaluation

Name:

**COURT APPEARANCE:**

On a scale of 0 to 10+, please check the approximate number of time this attorney appears on matters before the court in the year.  
0  (1-3)  (4-6)  (7-9)  (10+)

Where "0" has been indicated above: If given the opportunity, would you assign this attorney? Yes  No

If "No", please comment: \_\_\_\_\_

**ATTORNEY PERFORMANCE:** Please rate this attorney's performance by checking the appropriate box below:

Knowledge of the law:	Poor <input type="radio"/>	Acceptable <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>
Knowledge of the facts:	Poor <input type="radio"/>	Acceptable <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>
Case Analysis:	Poor <input type="radio"/>	Acceptable <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>
Case Analysis:	Poor <input type="radio"/>	Acceptable <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>
Preparation of cases:	Poor <input type="radio"/>	Acceptable <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>
Trial Skills:	Poor <input type="radio"/>	Acceptable <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>
Vigor of advocacy:	Poor <input type="radio"/>	Acceptable <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>
Ability to manage caseload:	Poor <input type="radio"/>	Acceptable <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>
Courtesy to the parties, counsel, and court:	Poor <input type="radio"/>	Acceptable <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>
Candor with the court:	Poor <input type="radio"/>	Acceptable <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>
Punctuality:	Poor <input type="radio"/>	Acceptable <input type="radio"/>	Good <input type="radio"/>	Excellent <input type="radio"/>

If "Poor" is answered in any one of the above listed categories, please provide details:

**Please answer all questions below:**

A. If the attorney has failed to appear and/or appeared late without adequate explanation, what action(s) if any did you take?

B. Has the attorney engaged in motion practice? Yes  No

If "Yes", were you satisfied with the quality of the attorney's written submission(s)? Yes  No

If "No", please comment and if possible, include the name of the case(s) and docket/index number(s):

In the past year have you had occasion to relieve, sanction and/or hold the attorney in contempt? Yes  No

If "Yes", please provide details:

**Additional Comments or Concerns:** Please provide any additional comment or concern you may have regarding this attorney.

**SIGNATURE AND DATE:** Please print name, sign and date.

You have the option to either print your name electronically or digitally sign the form (If you have a digital signature).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS EVALUATION FORM MUST BE RETURNED BY MONDAY, OCTOBER 31, 2022**