

STATE OF NEW YORK
APPELLATE DIVISION, SECOND JUDICIAL DEPARTMENT
Attorneys for Children/Assigned Counsel
2nd, 11th and 13th Judicial Districts
Application for Re-Certification



First Name: Middle Initial: Last Name:

Section A. - BUSINESS INFORMATION

Business Address:
 City: State: Zip Code:
 Business Phone#: Business Fax#:
 E-Mail:

Section B. - HOME INFORMATION

Home Address:
 City: State: Zip:
 Home Phone#:
 Cell Phone#:

Questionnaire

Section C. - Please answer all questions below.

1. Do you wish to remain an active member of the Attorneys for Children/Assigned Counsel Panel of the Appellate Division, Second Judicial Department? Yes No
2. Please indicate the County in which you were certified: Kings: Queens: Richmond:
3. **[For Appeals Panel Members only]**
 Do you wish to remain an active member of the Attorneys for Children/Assigned Counsel Appeals Panel of the Appellate Division, Second Judicial Department? Yes No
 If your answer is "yes", please include a copy of a recent brief.
4. Are you a member of any other Assigned Counsel Panel? Yes No
 If yes, give name and location: _____
5. Are you currently serving as a town and/or village judge within the State of New York? Yes No
6. Are you currently registered with the Office of Court Administration and have you paid the bi-annual fee? Yes No
7. Did you attend or view online the mandatory webinars conducted on the following dates:
 a) Jun 9, 2022? Yes No b) September 14, 2022? Yes No
8. Have you registered with the Office of Court Administration as a Private Pay Attorney for Children pursuant to Part 36 of the Rules of the Chief Judge? Yes No
 If applicable: a) How many cases have you been assigned as a Private Pay Attorney for Children in the past year? _____
 b) Are you in compliance with the Part 36 reporting requirements? Yes No
9. Have you within the past year been relieved from an assigned case, due to a conflict with a client or failure to appear? Yes No
 If so, state particulars: _____
10. Have you within the past year been suspended, removed or asked to resign from any assigned counsel panel? Yes No
 If so, state particulars: (use addendum, if necessary) _____
11. In the past year, have you been sanctioned and/or been the subject of any complaint or disciplinary proceeding? Yes No
 If yes, please indicate the status thereof: _____
12. In the past year, has there been a finding against you in an Article 8/ Article 10 proceeding in Family Court? Yes No
 If yes, please state the finding and disposition: _____
13. Are you submitting a voucher or billing statement within sixty (60) days of the conclusion of your cases? Yes No
 If no, please explain: _____
14. Indicate the number of cases and clients to which you are currently assigned as Attorney for the Child in Family and Supreme Court:
Family Court: Number of Cases: _____ Number of Clients _____ **Supreme Court:** Number of Cases: _____ Number of Clients _____
15. Indicate the number of Assigned Counsel cases to which you are currently assigned in Family Court: _____
16. Indicate the number of cases to which you are currently assigned pursuant to § 35(8) of the Judiciary Law: _____
17. Indicate the number of appeals to which you are currently assigned as attorney for: (a) Child(ren): _____ (b) Appellant: _____ (c) Respondent: _____
18. Do you have any foreign language proficiency? Yes No If yes, please indicate: _____

Section D. - ATTORNEY AFFIRMATION.

The undersigned, an attorney duly admitted to practice before the courts of the State of New York, affirms under penalties of perjury and states that the information provided herein is true and accurate.

 Signature of Affirmant

 Date

YOU MUST SIGN THE ATTACHED WAIVER OF CONFIDENTIALITY FORM TO COMPLETE YOUR APPLICATION.
THIS APPLICATION FOR RE-CERTIFICATION MUST BE RETURNED BY THURSDAY, AUGUST 31, 2023



WAIVER OF CONFIDENTIALITY

Section E. - ATTORNEY NAME

First Name: Initial: Last Name:

Section F. - WAIVER AUTHORIZATION

I authorize the Grievance Committee of the Second Department, or any other department, to share information relative to me as an attorney with the Office of Attorneys for Children of the Appellate Division, Second Judicial Department.

_____ *AFC Signature*

_____ *Date*

**YOU MUST SIGN THIS WAIVER FORM IN ORDER TO COMPLETE
YOUR RE-CERTIFICATION APPLICATION.**

**THIS APPLICATION FOR RE-CERTIFICATION MUST BE RETURNED
BY THURSDAY, **AUGUST 31, 2023****