

**AFFIRMATION**

**STATE OF NEW YORK**  
**COUNTY OF \_\_\_\_\_**

\_\_\_\_\_, respectfully states:

1. I am an attorney duly licensed to practice law in the State of New York, in good standing. I was admitted to practice on \_\_\_\_\_ in the \_\_\_\_\_ Department; and maintain offices at \_\_\_\_\_  
(Street, City/Town, Zip Code)

2. I am registered with the Office of Court Administration and have submitted my biennial fee pursuant to §468-a of the Judiciary Law.

3. I have read Section 7.2 of the Rules of the Chief Judge and I will conform to its requirements.

4. I understand 22 NYCRR Part 1032 and I will conform to its requirements.

5. On or about \_\_\_\_\_, I was removed from the AFC panel in \_\_\_\_\_ county for the following reason(s): \_\_\_\_\_.

6. I hereby request that I be re-appointed to the Attorneys for Children panel in \_\_\_\_\_ County.

7. Disclosure, if applicable.  
I am currently employed as a (full time or part-time), or in the office of the:

- \_\_\_\_\_ District Attorney
- \_\_\_\_\_ County Attorney
- \_\_\_\_\_ Corporation Attorney
- \_\_\_\_\_ City Court Judge
- \_\_\_\_\_ Town Justice
- \_\_\_\_\_ Village Justice
- \_\_\_\_\_ Public Defender

8. If I am hereafter appointed, elected or employed by any of the above while a member of the Attorney for Children panel, I will notify the Family Court Judge and the AFC Program in writing.

The undersigned affirms that the foregoing is true.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

(Ph) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Telephone Number/Fax Number

\_\_\_\_\_  
E-mail Address

\*\*\*\*\*  
Approval: Designate the above-referenced attorney to the Attorneys for Children panel in \_\_\_\_\_ County.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Supervising Judge Family Court /  
Family Court Judge, \_\_\_\_\_ County