

BROOME COUNTY ASSIGNED COUNSEL PROGRAM ATTORNEY RECERTIFICATION

Please Note: If you are an initial applicant DO NOT use this application. This form is only for use by current panel attorneys seeking recertification to panels on which they are already serve.

Please mail or email completed application
and requested documents to:

Broome County Assigned Counsel Program

60 Hawley Street, 4th Floor

Binghamton, NY 13901

ACP@broomecounty.us

Date: _____

Name: _____

Mailing Address: *(Please note: the address you choose will be the published address for the courts and potential clients)* _____

Phone: _____ Fax: _____ Email: _____

Indicate the Broome County panel(s) you are currently on and to which you seek recertification:

- Misdemeanor/Violation
- A,B,C Felony
- D,E Felony
- Violation of Probation/Parole/Conditional Discharge
- SORA

Since the date of your last application to the Broome County 18-B panel:
(add any explanatory pages needed)

1. Have you been denied or refused certification or admission to any assigned counsel panel?
If so, please attach an explanation to this application. Yes No
2. Have you been suspended, removed, dropped or asked to resign from any assigned counsel panel? If so, please attach an explanation to this application. Yes No
3. Have you been held in contempt of court? If so, please attach an explanation to this application. Yes No

4. Have you been the subject of a complaint to a bar association or departmental grievance committee which resulted in your admonition, reprimand or censure, your suspension from the practice of law or your disbarment? If so, please attach an explanation to this application. Yes No
5. Have you been convicted of a crime in this state or in any jurisdiction of an offense which if committed in New York would constitute a crime? If so, please attach an explanation to this application. Yes No
6. Have you been subject to any malpractice claims, filings or settlements? If so, please provide details. Yes No

AFFIRMATION

I hereby affirm under penalty of perjury that I am currently registered to practice law with the Appellate Division and am in good standing, that the information I have provided in this application is correct and complete to the best of my knowledge, and that I have read and am familiar with Article 18-B of the County Law. I agree to abide by all rules and regulations now existing or from time to time promulgated by the Broome County Bar Association and the Administrator of the Broome County Assigned Counsel Panel relating to the conduct of the assigned counsel plan.

I further certify that I will comply with the Broome County Assigned Counsel Program's policy guidelines for the submission of vouchers in connection with the representation of indigent criminal defendants. Specifically, I will submit all said vouchers no more than 60 days from the date of completion of my representation. Unless otherwise given permission by the Administrator of the Broome County Assigned Program or the Court, I will not seek payment and I waive the right to commence any legal action to enforce same after said 60 days except as may be allowed by exceptions set forth in said guidelines.

DATED:

Attorney Signature