

**BROOME COUNTY ASSIGNED COUNSEL PROGRAM  
PANEL APPLICATION**

Please mail or email completed application  
and requested documents to:

**Broome County Assigned Counsel Program**  
60 Hawley Street, 4<sup>th</sup> Floor  
Binghamton, NY 13901  
[ACP@broomecounty.us](mailto:ACP@broomecounty.us)

*Please print legible or type*

Date: \_\_\_\_\_

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

Mailing Address: *(this address will not be given to courts or clients by this office)*  
\_\_\_\_\_  
\_\_\_\_\_

Phone:   (  )   Fax:   (  )   Cell:   (  )    
*(this number will not be given to courts or clients without your approval)*

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

Method by which you prefer to be contacted:  Office  Cell  Email

Town/City/Village of Attorney's Home: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ or Tax ID Number: \_\_\_\_\_

I wish to be paid:  Individual  Firm

Name of Firm (if applicable) \_\_\_\_\_

Firm Tax ID Number (if applicable) \_\_\_\_\_

Are you a current, paid-up member of the Broome County Bar Association? Yes  No

Year of Admission to Practice in New York State: \_\_\_\_\_

Year of Admission to Practice Elsewhere: \_\_\_\_\_ Other State in Which Admitted: \_\_\_\_\_

In which Department were you admitted to practice in New York? \_\_\_\_\_

How long have you been practicing as an attorney? \_\_\_\_\_ Years \_\_\_\_\_ Months  
Have you been practicing law continuously for the last 2 years? \_\_\_\_\_. If no, please provide further  
information explaining why \_\_\_\_\_

What foreign languages do you speak, if any? \_\_\_\_\_

Are you comfortable communicating with clients in these languages? \_\_\_\_\_

Broome County Assigned Counsel Program  
Panel Application

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Briefly describe your legal experience since admission with dates and practice areas:

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Attorneys must be admitted to practice in New York, be registered with the Office of Court Administration, and comply with the continuing legal education requirements established by New York State (22NYCRR Part 1500). **Please attach your certificate of good standing to this application.**

- I am compliant with this requirement
- I am NOT compliant with this requirement

Indicate any continuing education course relevant to assigned counsel work that you have attended in the last two (2) years:

Topic	Approximate Date	Provider/Sponsor

OCA requires attorneys to complete a minimum of 24 credits every two years (or 32 hours for attorneys admitted less than two years). In the future, panel membership will require eight (8) hours of the 24 to be in the field of law applicable to the panel for which he or she wishes to be a member and, for a member on both criminal and family court panels, twelve (12) of the 24 in both criminal and family law, with a minimum of six in each.

- I am compliant with this requirement
- I am NOT compliant with this requirement.

Are you willing to mentor less experienced attorneys? Yes  No

Have you ever been the subject of a complaint to a bar association or a departmental grievance committee which resulted in your admonition, reprimand, censure, suspension or disbarment from the practice of law, or have you been determined by a court to have provided ineffective assistance of counsel? \_\_\_\_\_ If yes, provide complete details: \_\_\_\_\_

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Do you carry malpractice insurance? Yes  No

### **CRIMINAL PANEL**

How many years' experience do you have in the practice of Criminal Law? \_\_\_\_\_

What percentage of your practice is limited to Criminal Law? \_\_\_\_\_

What CLE programs related to Criminal Law have you taken in the past two years?

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How many criminal cases have you handled during the last two years? \_\_\_\_\_

How many of those cases were misdemeanors? \_\_\_\_\_ Of those, how many were bench trials that proceeded to verdict? \_\_\_\_\_ How many were jury trials that proceeded to verdict? \_\_\_\_\_

How many of the cases were felonies? \_\_\_\_\_ Of those, how many were bench trials that proceeded to verdict? \_\_\_\_\_ How many were jury trials that proceeded to verdict? \_\_\_\_\_

What is the highest grade felony you have handled to disposition? \_\_\_\_\_ To bench verdict? \_\_\_\_\_ To jury verdict? \_\_\_\_\_

How many pretrial hearings have you handled? \_\_\_\_\_ List the types of pretrial hearings you have conducted:

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How many examinations during trial of the following witnesses have you conducted?:

- Eyewitnesses? \_\_\_\_\_
- Police Officers? \_\_\_\_\_
- Undercover Officers? \_\_\_\_\_
- Fingerprint experts? \_\_\_\_\_
- Ballistics and/or firearms? \_\_\_\_\_
- Psychiatrists or Psychologists? \_\_\_\_\_
- Other medical experts? \_\_\_\_\_
- Digital forensic specialist? \_\_\_\_\_
- Lab Techs? \_\_\_\_\_
- Medical examiners/coroners? \_\_\_\_\_

How many SORA cases have you handled in the last five years? \_\_\_\_\_ How many in which there was a hearing with testimony? \_\_\_\_\_

How many parole violation cases have you handled in the last five years? \_\_\_\_\_ How many in which there was a hearing with testimony? \_\_\_\_\_

List any other relevant experience in Criminal Law \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Indicate which level offenses you are willing to accept (Check all that apply):

- Misdemeanor/violation
- A,B,C Felony
- D,E Felony
- Sex Offender Risk Assessment
- Violation of Probation/Parole

**AFFIRMATION**

I HEREBY REQUEST TO BE CONSIDERED FOR PARTICIPATION ON THE BROOME COUNTY ASSIGNED COUNSEL PANEL. I AFFIRM UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION PROVIDED AS PART OF THIS APPLICATION IS TRUE AND CORRECT.

I AGREE TO COMPLY WITH THE TERMS, CONDITIONS AND REGULATIONS OF THE BROOME COUNTY ASSIGNED COUNSEL PLAN, INCLUDING ANY AMENDMENTS THERETO, AND ALL LAWS IN CONNECTION WITH MY ROLE AS AN ASSIGNED ATTORNEY.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print/Type Name