

**PLEASE TYPE OR PRINT**

**\*Complete All Sections\***

**ERIE COUNTY BAR ASSOCIATION AID TO INDIGENT PRISONERS SOCIETY, INC.  
ASSIGNED COUNSEL PROGRAM**

The Crosby Building  
170 Franklin Street, Suite 400  
Buffalo, NY 14202-2412

**2011**

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APPLICATION OF: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS FOR ALL MAIL (include ZIP): \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_

**Note: This address may be given to** \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
**clients by Courts or Assigned Counsel Program** FAX#: \_\_\_\_\_

TOWN, CITY OR VILLAGE of ATTORNEY'S HOME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Home phone (for office emergency use only; will not be given to clients): \_\_\_\_\_

Year of admission to practice: \_\_\_\_\_ Briefly describe your legal experience since then (you may attach resume or addendum if you wish): \_\_\_\_\_

Briefly describe nature of current and recent past practice, e.g. home office, share space (with whom), who you work for/with, who you have worked for/with in the past few years, etc. : \_\_\_\_\_

ALL PAYMENTS WILL BE TO THE ASSIGNED ATTORNEY, NOT TO THE ATTORNEY'S FIRM.  
1099 FORMS WILL ALSO BE PREPARED ON AN INDIVIDUAL BASIS.  
PANEL ATTORNEYS ARE INDEPENDENT CONTRACTORS AND ARE NOT EMPLOYEES OF THE  
AID TO INDIGENT PRISONERS SOCIETY, INC.

I wish to receive assignments as checked below. (If you want to be limited to a specific number of cases per year, **enter the number** rather than a check mark. Eligibility for assignments is dependent on experience and training as determined by the program.)

- |   |  |
|---|--|
| <input type="checkbox"/> Superior Court: Must be admitted at least 2 years & meet experience requirements | <input type="checkbox"/> Parole Revocation Hearings (held at Erie Co. Correctional Facility) |
| <input type="checkbox"/> Writ of Habeas Corpus  | <input type="checkbox"/> Administrative Parole Appeals                                       |
| <input type="checkbox"/> Attorney of the Day - Superior Court   | <input type="checkbox"/> Criminal Appeals to County Court                                    |
|   | <input type="checkbox"/> Supreme Ct. Crim. Appeals to 4 <sup>th</sup> Dept.                  |
|   | <input type="checkbox"/> Family Ct. Appeals to 4 <sup>th</sup> Dept.                         |

I wish to be considered for placement on the following **criminal** subpanels:

Homicide  Major Felonies, non-homicide  Lower Felonies  Misdemeanor

**Justice and City Courts:**

- Felonies – (**you must agree and expect to continue representation through resolution in Supreme Court**)  
 Misdemeanors, including V & T, & Violations  
 Days  Nights  Both

**PREFERRED LOCATION:** Please complete attached preference form

I wish to be considered for the following **Family Court and other** panels:  Abuse/Neglect  Paternity  Support  
 Family Offense  Custody/Visitation  Integrated Domestic Violence

**PLEASE BE SURE TO COMPLETE AND SIGN  
THE REVERSE SIDE, OR PAGE 2, OF THIS FORM**

**GENERAL INFORMATION:**

Number of years participating with this Assigned Counsel Program: \_\_\_\_\_ Last year active with Assigned Counsel Program \_\_\_\_\_

Are you a current dues paying member of the Erie County Bar Assn.? (Required) \_\_\_Yes \_\_\_No

Are you a current dues paying member of NYS Defenders Assn., Inc.? (Required for criminal panel) \_\_\_Yes \_\_\_No

Date of Admission to the Bar \_\_\_\_\_

Percentage of private practice devoted to criminal work \_\_\_\_\_/ to Family Court practice \_\_\_\_\_

Related experience (i.e. District Attorney's office, Legal Aid, etc.) - please give details: \_\_\_\_\_

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

Have you ever 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? \_\_\_ Yes \_\_\_ No If so, state particulars: \_\_\_\_\_

Attorneys on the criminal panel must complete a minimum of 9 credit hours of CLE over each 2 year attorney registration period in the area of criminal practice, at least 3 of which shall be completed in any given calendar year. Attorneys on the Family Court panel must complete a minimum of 9 credit hours of CLE over each 2 year attorney registration period in the area of Family Court practice, at least 3 of which shall be completed in any given calendar year. \_\_\_ I am in compliance with this requirement \_\_\_ I am not in compliance with this requirement.

List by title and date each continuing legal education course relevant to assigned counsel work that you have attended in the past two years (attach an additional sheet if necessary): \_\_\_\_\_

Any other relevant legal experience which would be helpful in evaluating your ability to serve on the panels for which you have applied: \_\_\_\_\_

My assigned cases constitute or (if you are new to this program) I expect my assigned cases this year to constitute the following percentage of my entire legal workload, including retained and other work (note: indicating a higher percentage will not result in fewer assigned cases):

\_\_\_ 100% \_\_\_ 75% \_\_\_ 50% \_\_\_ 25% \_\_\_ 10% or less

I hereby request that I be considered for participation in the Assigned Counsel Program. I understand and agree that I have and will acquire no legal right to participation or continued participation in the Assigned Counsel Program. I agree to abide by all rules, regulations, policies & procedures of the Program, including the Program's Standards for Providing Mandated Representation Applicable to Individual Attorneys. I agree that vouchers and related forms must be submitted no more than 180 days after the last court appearance or they will be deemed abandoned and that I will have no claim to payment on those matters. I agree to complete all assigned cases in the event I discontinue my participation with the program. I waive all payment for any work performed on any cases that I do not complete in the event I discontinue my participation with the program. I hereby affirm under penalty of perjury that the information provided by me on all parts of this application is correct and complete to the best of my knowledge.

I have read this entire application prior to signing it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**VOLUNTARY CONTRIBUTION TO TRAINING PROGRAM**

Please check one of the boxes below. Your election to contribute or not to contribute will have no impact on the number or types of assignments that you will receive.

I agree to have the following amount withheld, on a one-time basis, from the first check that I receive from the Assigned Counsel Program after this application is processed. This amount will be applied to the Assigned Counsel Program attorney training program.

\_\_\_ \$100 \_\_\_ \$50 \_\_\_ \$20 \_\_\_ \$10 \_\_\_ \$ \_\_\_\_\_ \_\_\_ None

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Attorney: \_\_\_\_\_

I am willing to accept assignments  
in **ALL** of the courts listed below

I am willing to accept assignments  
in all **daytime** courts listed below

I am willing to accept assignments  
in all **evening** courts listed below

***Buffalo City Court:***

Misdemeanors: \_\_\_\_\_

Felonies, continuing through

Superior Court: \_\_\_\_\_

AKRON VILLAGE COURT (evenings)

ALDEN TOWN COURT (evenings)

ALDEN VILLAGE COURT (evenings)

AMHERST TOWN COURT (daytime)

ANGOLA JUSTICE COURT (evenings)

AURORA TOWN COURT (evenings)

BLASDELL VILLAGE COURT (evenings)

BOSTON TOWN COURT (evenings)

BRANT TOWN COURT (evenings)

CHEEKTOWAGA TOWN COURT  
(daytime)

CLARENCE TOWN COURT  
(evenings)

COLDEN TOWN COURT (evenings)

COLLINS TOWN COURT (evenings)

CONCORD TOWN COURT  
(evenings)

DEPEW VILLAGE COURT  
(mornings)

EDEN TOWN COURT (evenings)

ELMA TOWN COURT (evenings)

EVANS TOWN COURT (evenings)

GRAND ISLAND TOWN (evenings)

HAMBURG VILLAGE COURT  
(evenings)

HOLLAND TOWN COURT  
(evenings)

KENMORE VILLAGE COURT (evenings)

HAMBURG TOWN COURT (daytime)

LACKAWANNA CITY COURT  
(daytime)

LANCASTER TOWN COURT (daytime)

LANCASTER VILLAGE COURT  
(daytime)

MARILLA TOWN COURT  
(evenings)

NEWSTEAD TOWN COURT  
(evenings)

NORTH COLLINS JUSTICE COURT  
(evenings)

ORCHARD PARK TOWN COURT  
(evenings)

ORCHARD PARK VILLAGE COURT  
(afternoon)

SARDINIA TOWN COURT  
(evenings)

SPRINGVILLE (daytime)

TONAWANDA CITY COURT  
(daytime)

TONAWANDA TOWN COURT  
(afternoons & evenings)

WALES TOWN COURT  
(evenings)

WEST SENECA TOWN COURT  
(mornings & evenings)

WILLIAMSVILLE VILLAGE COURT  
(daytime)

**2011 CRIMINAL COURTS ASSIGNED COUNSEL DATA**

Attorney: \_\_\_\_\_

MISDEMEANORS

Approximate # of misdemeanor matters handled in past 2 years: \_\_\_\_\_

# of **non-DWI** misdemeanor bench trials handled through verdict, past 2 years: \_\_\_\_\_

# of **non-DWI** misdemeanor jury trials handled through verdict, past 2 years: \_\_\_\_\_

Total # of **DWI** matters handled, past 2 years: \_\_\_\_\_

Total # of **DWI trials** handled through verdict, past 2 years: \_\_\_\_\_

If you have **tried** one or more misdemeanor cases over the past 2 years, please provide the following information:

<u>Date</u>	<u>Client Name</u>	<u>Charges</u>	<u>Court &amp; Judge</u>

If you have **second chaired** one or more misdemeanor cases over the past 2 years, please provide the following information:

<u>Date</u>	<u>Client Name</u>	<u>Court &amp; Judge</u>	<u>Name of Lead Counsel</u>

FELONIES

Approximate total # of felony matters handled in past 2 years, regardless how resolved: \_\_\_\_\_

# of felony matters **tried to verdict** in NYS in past **5 years**: \_\_\_\_\_

Of these, how many were **bench** trials? \_\_\_\_\_

How many were **jury** trials? \_\_\_\_\_

If you have **tried** one or more felonies over the past 2 years, please provide the following information:

<u>Date</u>	<u>Client Name</u>	<u>Charges</u>	<u>Court &amp; Judge</u>

In past 3 years, have you **assisted or second chaired** with an experienced trial attorney in at least one felony matter **tried to verdict** in NYS? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, for each one, state date, case name, name of trial counsel, and most serious charge against the defendant at that trial:

<u>Date</u>	<u>Client Name</u>	<u>Name &amp; Phone # of Lead Counsel</u>	<u>Charge</u>

**CRIMINAL COURTS ASSIGNED COUNSEL DATA** (continued)

In the past 5 years, have you represented the defendant in at least one **homicide trial to verdict** in NYS? \_\_\_\_\_

In the past 5 years, have you **assisted** an experienced trial attorney in at least one **homicide trial to verdict** in NYS? \_\_\_\_\_

In relation to the last 2 questions, for the latest case, state date, case name, name of trial counsel, and most serious charge against the defendant:

<u>Date</u>	<u>Case</u>	<u>Name of Lead Counsel</u>	<u>Charge</u>	<u>Principal Atty or Assisted?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For the periods indicated, list the number of each of the following types of witnesses you have examined during litigated motions or trials in criminal cases:

	Past 5 Yrs	Past Yr		Past 5 Yrs	Past Yr
Ballistics Experts	_____	_____	Police Officers	_____	_____
FBI/DEA/ATF Agents	_____	_____	Psychiatrists	_____	_____
Chemist/Lab Tech.	_____	_____	Psychologists	_____	_____
Fingerprint Experts	_____	_____	Serologists	_____	_____
Medical Examiners	_____	_____	Undercover Agents	_____	_____
Medical Experts	_____	_____	Other _____	_____	_____

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**ALL ATTORNEYS APPLYING FOR CRIMINAL PANELS SHOULD COMPLETE THE FOLLOWING SECTIONS**

List as references the names, addresses and telephone numbers of three trial co-counsel or adversaries (if applying for felony or misdemeanor panel) or appellate adversaries (if applying for appellate panel) within the past five years. If you have not tried any cases yet, list such information for any cases which you have handled and which have been resolved short of trial.

<u>Attorney Name</u>	<u>Address (if not local)</u>	<u>Phone</u>	<u>Case</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List as references the names, addresses and telephone numbers of three other attorneys familiar with your trial or appellate work through actual observation:

<u>Name</u>	<u>Address (if not local)</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List as references the names of three judges before whom you have conducted a hearing or trial, **along with the names of the respective clients:**

<u>Name</u>	<u>Client Name</u>
_____	_____
_____	_____
_____	_____

Attorney: \_\_\_\_\_

**CRIMINAL COURTS ASSIGNED COUNSEL DATA** (continued from previous page)

**\*Complete the following section only if you wish to be assigned to appeals\***

**APPEALS**

In how many appellate cases, criminal and civil, have you been involved as sole or principal counsel?

Past 5 Years: Criminal \_\_\_\_\_ Civil \_\_\_\_\_

Past Year: Criminal \_\_\_\_\_ Civil \_\_\_\_\_

In how many of each of the following categories of cases did you personally author the brief or argue the appeal?

	Authored Brief		Argued Appeal	
	Past 5 Yrs	Past Yr	Past 5 Yrs	Past Yr
Appeal to County Ct.	_____	_____	_____	_____
Appellate Division	_____	_____	_____	_____
NY Court of Appeals	_____	_____	_____	_____
US Court of Appeals	_____	_____	_____	_____
US Supreme Court	_____	_____	_____	_____

**Have you attended a training in appellate practice presented by the Appellate Division, Fourth Department, for assigned attorneys within the past 5 years in the area of criminal appeals? \_\_\_\_ Yes \_\_\_\_ No**

Have you attended a training in appellate practice presented by the Appellate Division, Fourth Department, for assigned attorneys within the past 5 years in the area of Family Court appeals? \_\_\_\_ Yes \_\_\_\_ No

\* If you wish to be assigned to handle appeals, please submit with this application two appellate briefs which you have personally authored, unless you have submitted briefs in conjunction with a previous year's application.

Check here if you are willing to help in training less experienced attorneys in criminal matters: \_\_\_\_\_

Check here if you are willing to be available for questions from or be a mentor to a less experienced attorney in criminal matters: \_\_\_\_\_

Check here if you are willing to allow a less experienced attorney to "second chair" a trial or hearing that you do: \_\_\_\_\_

**2011 FAMILY COURT ASSIGNED COUNSEL DATA**

Attorney: \_\_\_\_\_

List as references the names, addresses and telephone numbers of three other attorneys familiar with your Family Court work through actual observation:

<u>Name</u>	<u>Address (if not local)</u>	<u>Phone</u>

	ABUSE/ NEGLECT	SUPPORT VIOL.	FAM. OFFENSE	CUST/ VISIT.	PATERNITY
Total # handled in past 2 years					
# handled <u>at least through hearing</u> , past 2 years					
Check if you have second chaired one or more cases through the Assigned Counsel Program					
Check if you have attended, or viewed recordings of, Assigned Counsel training in these areas					

For **ABUSE/NEGLECT** matters:

Name of the last neglect or abuse matter in which you represented the respondent in Family Court: \_\_\_\_\_

Name of Judge before whom that last such matter was heard: \_\_\_\_\_

Date of the conclusion of the last such matter you handled: \_\_\_\_\_

If within the past two years you have **assisted or second chaired** with an experienced trial attorney in at least one matter of this type, please provide the following information:

<u>Date</u>	<u>Case</u>	<u>Name of Lead Counsel</u>	<u>Did the case go to a hearing?</u>

**For SUPPORT VIOLATION matters:**

Name of the last support violation matter in which you represented the respondent in Family Court:

\_\_\_\_\_

Name of Judge or Support Magistrate before whom that last such matter was heard:

\_\_\_\_\_

Date of conclusion of the last such matter you handled: \_\_\_\_\_

If within the past two years you have **assisted or second chaired** with an experienced trial attorney in at least one matter of this type, please provide the following information:

<u>Date</u>	<u>Case</u>	<u>Name of Lead Counsel</u>	<u>Did the case go to a hearing?</u>
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\_\_\_\_\_

\_\_\_\_\_

**For FAMILY OFFENSE matters:**

Name of the last family offense matter in which you represented either the petitioner or the respondent in Family Court:

\_\_\_\_\_

Name of Judge before whom that last family offense matter was heard: \_\_\_\_\_

Date of conclusion of the last such matter you handled: \_\_\_\_\_

If within the past two years you have **assisted or second chaired** with an experienced trial attorney in at least one matter of this type, please provide the following information:

<u>Date</u>	<u>Case</u>	<u>Name of Lead Counsel</u>	<u>Did the case go to a hearing?</u>
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\_\_\_\_\_

\_\_\_\_\_

**For CUSTODY/VISITATION matters:**

Name of the last custody/visitation matter you handled in Family Court:

\_\_\_\_\_

Name of Judge before whom that last custody/visitation matter was heard:

\_\_\_\_\_

Date of conclusion of the last such matter you handled: \_\_\_\_\_

Number of custody trials you have handled in the past 2 years: \_\_\_\_\_

If within the past two years you have **assisted or second chaired** with an experienced trial attorney in at least one matter of this type, please provide the following information:

<u>Date</u>	<u>Case</u>	<u>Name of Lead Counsel</u>	<u>Did the case go to a hearing?</u>
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\_\_\_\_\_

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For PATERNITY matters:

Name of the last paternity matter you handled in Family Court: \_\_\_\_\_

Name of Judge or Support Magistrate before whom that last paternity matter was heard: \_\_\_\_\_

Date of conclusion of the last such matter you handled: \_\_\_\_\_

If within the past two years you have **assisted or second chaired** with an experienced trial attorney in at least one matter of this type, please provide the following information:

<u>Date</u>	<u>Case</u>	<u>Name of Lead Counsel</u>	<u>Did the case go to a hearing?</u>
-------------	-------------	-----------------------------	--------------------------------------

_____	_____	_____	_____
_____	_____	_____	_____

=====

Check here if you are willing to help in training less experienced attorneys in Family Court matters: \_\_\_\_\_

Check here if you are willing to be available for questions from or be a mentor to a less experienced attorney in Family Court matters: \_\_\_\_\_

Check here if you are willing to allow a less experienced attorney to "second chair" a trial or hearing that you do: \_\_\_\_\_