

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

2011

The Crosby Building
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Buffalo, NY 14202-2412

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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 AIP

FAX#: _____

CELL PHONE: _____

TOWN, CITY OR VILLAGE of ATTORNEY'S HOME: _____

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

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.

PLEASE CHECK ONE OF THE FOLLOWING TWO BOXES

I wish to make no changes to (1) the types of cases I want assignments to and courts in which I will accept assignments, as indicated in my last application, (2) the types of cases which I am approved to receive by the Assigned Counsel Program, or (3) the percentage of my workload which work through this program constitutes or will constitute

I only want to change from my last application the percentage of my workload which work through this program constitutes or will constitute, as follows: Normally, assigned counsel work constitutes, or is expected to constitute, this percentage of my entire private workload: __10% __25% __50%
__75% __100%

I want to change my case and/or court preferences. I will submit a 2011 long form application

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 Association., 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.

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

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:

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.

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