



Ulster County Assigned Counsel Office

Panel Attorney Application

Application Instructions:

1. The application is in PDF format and entries should be directly typed into the application.
2. Please submit the following required documents:
 - a. Resume
 - b. Malpractice insurance binder
 - c. Certificate of Good Standing
3. The completed application and vendor packet can be submitted by either:
 - a. Emailing with accompanying attachments to:

ACO@co.ulster.ny.us

- b. Mailing with accompanying attachments to:
Assigned Counsel Office
PO Box 1800
Kingston, NY 12402
 - c. Personally delivering with accompanying attachments to:
Assigned Counsel Office
244 Fair Street Kingston,
NY

A confirmation email will be sent to acknowledge receipt of a completed application.

Please call 845-340-3432 with any questions.



Ulster County Assigned Counsel Office

APPLICANT INFORMATION

Please keep the ACO updated as to any changes under this Application Information section.

Date:

Full Name:

Business
Address:

Mailing
Address:

Office Phone:

Office Email:

Fax:

Staff Email:

Cell Number:

Website:

Date first admitted to practice in NY:

NYS Attorney Registration #:

Law School:

Graduation Year:

EXPERIENCE

	Number of Years:		Number of Years:
Practicing Law		Public Defender's Office	
ACO Criminal Panel		Private Criminal Practice	
ACO Family Law Panel		Private Family Law Practice	
Ulster County Legal Aid		Prosecutor's Office	
Civil Practice		Other Law Experience	(Please explain below)

Other Experience:



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General Information

Please keep the ACO updated as to any changes under this Application Information section.

Yes No

1. Are you a member of the Ulster County Bar Association?
2. Are you a member of the New York State Defenders Association (NYSDA)?
3. Are you a member of the New York State Association of Criminal Defense Lawyers (NYSACDL)?
4. Do you speak a language other than English, fluently? If yes, which language?
5. Are you a member of any assigned counsel (18b) program(s) in other counties or of the Federal CJA? If yes, state particulars:
6. Have you ever been denied admission to, suspended, removed, or asked to resign from an Assigned counsel program or attorney for the child panel? If yes, state particulars:
7. Have you ever been denied admission to, suspended, removed, or asked to resign as a member of a State bar? If yes, state particulars:
8. Have you ever been the subject of a complaint to an attorney grievance committee which resulted in a letter of caution or resulted in your admonition, reprimand, censure, suspension, or disbarment from the practice of law? If yes, state particulars:
9. Are you the subject of any pending complaint, disciplinary proceeding, or charge before an attorney grievance committee? If yes, state particulars:
10. Have you ever been convicted of a criminal offense in this state or in any other jurisdiction which, if committed in New York state, would constitute a crime? If yes, state particulars:
11. Are you working as an employee or contract attorney for any government department or agency? If yes, where/ job title?



Ulster County Assigned Counsel Office

PANEL REQUIREMENTS

1. Attorneys must be admitted to practice law before the courts of the State of New York and in good standing with the New York State Office of Court Administration.

I am compliant with this requirement

I am not compliant with this requirement

2. Attorneys must be a resident of Ulster County or a contiguous county. Attorneys on the Appeals Panel must be residents of Ulster County, a contiguous county and/or the Third Judicial Department.

I am compliant with this requirement

I am not compliant with this requirement

3. Attorneys must maintain legal malpractice insurance coverage of no less than \$100,000.00 and provide annual verification to the Assigned Counsel Program.

I am compliant with this requirement and have attached a copy of my malpractice binder.

I am not compliant with this requirement

*If there is anything else you would like the Ulster County Assigned Counsel Office to consider, please attach to application

ACKNOWLEDGEMENT and SIGNATURE

I hereby acknowledge that I am a member of the New York State Bar in good standing, that I have received, read, and that I agree to fully comply with the rules and regulations in the Ulster County ACO Handbook as a condition of participating as an independent vendor in the Assigned Counsel Program. I further agree that I will immediately notify the Ulster County Assigned Counsel Office of any change of circumstances which would affect my eligibility for further assignments as requested above, including but not limited to any change in my right or ability to practice law or any change or termination in malpractice insurance coverage or any change in relation to the questions under the General Information Section. I certify that the information provided on this application is complete and accurate. I understand that withholding of information or giving false information may affect my eligibility for Panel Membership with the Ulster County Assigned Counsel Office.

Affirmed under penalties of perjury this

day of

, 20

Print Name:

Signature:

PART 1: GENERAL INFORMATION

VENDOR NAME (Items with an * are required)

*Last Name / Business Name (Individuals entering Last Name must enter First Name below)

First Name

Middle Name

Suffix

Select one:

Federal Tax ID

Soc Sec Num

*Federal Tax ID or SS #

State Tax ID

D/B/A Business Name (from Form W-9 Business Name box, if applicable)

Primary Contact Information (Items with an * are required)

*Contact Name

P.O.'s can be emailed to this email address?

*Address Line 1

Address Line 2

Address Line 3

*Zip Code

*City

*State

*Email Address

*Phone Number

Extension

Fax Number

Web Site Address

PART 2: ADDITIONAL CONTACT INFORMATION

Purchasing Contact Information (Items with an * are required if you are completing this section)

Same as Primary Contact Info above

*Contact Name

P.O.'s can be emailed to this email address?

*Address Line 1

Address Line 2

Address Line 3

*Zip Code *City *State

*Email Address *Phone Number Extension Fax Number

Remittance Contact Information (Items with an * are required if you are completing this section)

- Same as Primary Contact Info above **OR**
- Same as Purchasing Contact Info above

*Contact Name P.O.'s can be emailed to this email address?

*Address Line 1

Address Line 2

Address Line 3

*Zip Code *City *State

*Email Address *Phone Number Extension Fax Number

Primary 1099 Contact Information (Items with an * are required if you are completing this section)

- Same as Primary Contact Info above **OR**
- Same as Purchasing Contact Info above **OR**
- Same as Remittance Contact Info above

*Contact Name P.O.'s can be emailed to this email address?

*Address Line 1

Address Line 2

Address Line 3

*Zip Code *City *State

*Email Address *Phone Number Extension Fax Number

PART 3: ADDITIONAL REMITTANCE CONTACT INFORMATION

Please use these sections to provide us with additional remittance information, if necessary

*Contact Name P.O.'s can be emailed to this email address?

*Address Line 1

Address Line 2

Address Line 3

*Zip Code

*City

*State

*Email Address

*Phone Number

Extension

Fax Number

Other Contact Information

*Contact Name P.O.'s can be emailed to this email address?

*Description

*Address Line 1

Address Line 2

Address Line 3

*Zip Code

*City

*State

*Email Address

*Phone Number

Extension

Fax Number