

### **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

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.



## 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:			0	office Email:			
Fax:			S	taff Email:			
Cell Number:			W	Vebsite:			
Date first adm	nitted to p	oractice in NY:		NYS A	ttorney Registration #	ł:	
Law School:					Graduation Year	:	
			EXP	ERIENC	E		
		Number of Year	·s:	]		Number of Years:	
Practicing Law					ender's Office		
ACO Criminal Pane			Private Criminal Practice				
ACO Family Law P				Private Family Law Practice Prosecutor's Office			
Ulster County Legal Civil Practice	l Aid				(D11 11)		
Civil Practice				Other Law	Experience	(Please explain below)	
Other Experience:							



### General Information

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

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?



### CLE REQUIRMENTS

Are you	CLE requirements Current?				
Please li	st last CLE's taken in the last tw	o years:			
Title		Sponsoring C	Organization	Date	# of Credits
_					
	AS	SIGNED CO	UNSEL PAN	EL LISTS	
		C 11	1.C 1.D 11'	. ( 1 , 11,1 ,	1. \
	I wish to be placed on the	following Assigned	d Counsel Panel lis	ts (select all that app	iy): 
	Felony Panel Misde	meanor Panel	Parole Panel	Family Panel	Appellate Panel
	I am willing to participate i	in the Ulster County	y Assigned Counse	l Office "Second Ch	air Program"
	I am willing to participate i	in the Ulster County	y Assigned Counse	l Office "Advising A	Attorney Program"



PANEL F	REQUIREMENT	<u>S</u>					
<ol> <li>Attorneys must be admitted to practice law before York State Office of Court Administration.</li> </ol>	the courts of the State of	of New York and in good standing with the New					
I am compliant with this requirement							
I am not compliant with this requirem	nent						
2. Attorneys must be a resident of Ulster County or a of Ulster County, a contiguous county and/or the							
I am compliant with this requirement							
I am not compliant with this requiren	nent						
3. Attorneys must maintain legal malpractice insurar to the Assigned Counsel Program.	nce coverage of no less t	han \$100,000.00 and provide annual verification					
I am compliant with this requirement	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 Coun  ACKNOWLEDGEN							
I hereby acknowledge that I am a member of the New and that I agree to fully comply with the rules a condition of participating as an independent vendor immediately notify the Ulster County Assigned Counse eligibility for further assignments as requested above ability to practice law or any change or termination in the questions under the General Information Section. is complete and accurate. I understand that with my eligibility for Panel Membership with the Ulster County and the section of the control of the section of the	nd regulations in the Assigned Coulon the Assigned Coulon	he Ulster County ACO Handbook as a nsel Program. I further agree that I will ge of circumstances which would affect my t limited to any change in my right or ce coverage or any change in relation to information provided on this application or giving false information may affect					
Affirmed under penalties of perjury this	day of	, 20					
Print Name:							
Signature:							

Form (Rev. August 2013)
Department of the Treasury

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

mema	nevenue	Service									
	Name (	as shown on your income tax return)		·							
15	Busine	ss name/disregarded entity name, if different from above				,					
Print or type Specific Instructions on page		appropriate box for federal tax classification:	Trust/es	tate	E	xem	ptions (	see ir	nstruc	ctions	<b>)</b> :
e Suc	' '''	annual soile proprietor — — — — — — — — — — — — — — — — — — —			8	xemp	ot paye	e cod	le (if a	ny)	
Print or type		imited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners	ship) ▶		- 1		otion fro (if any)	om F/	ATCA	repo	rting
Ë Ë	$  \sqcap c$	ther (see instructions) ▶									
l ecific	Addres	s (number, street, and apt. or suite no.)	Request	er's nan	ne an	d add	iress (o	ption	al)		
See <b>S</b> p	City, st	ate, and ZIP code									
	List ac	count number(s) here (optional)									
Par	t I	Taxpayer Identification Number (TIN)									
Enter	your Til	N in the appropriate box. The TIN provided must match the name given on the "Name"	' line	Social	secu	rity n	umber				
to avo	oid back ent alien	rup withholding. For individuals, this is your social security number (SSN). However, for , sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other your employer identification number (EIN). If you do not have a number, see <i>How to get</i>	ra [			-[		] -	-		
	n page		_		•		•••				_
		ccount is in more than one name, see the chart on page 4 for guidelines on whose	L	Employer identification number			П	_			
numo	er to en	ter.			-						
Par	t II	Certification									
Unde	r penalt	es of perjury, I certify that:									
1. Th	e numb	er shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	er to be	e issu	ed to	o me),	and			
Se	rvice (IF	ubject to backup withholding because: (a) I am exempt from backup withholding, or (b) that I am subject to backup withholding as a result of a failure to report all interest on subject to backup withholding, and	) I have r or divide	not bee	en no r (c) ti	tified he IF	i by th RS has	e Inte noti	ernal fied r	Revenue the	enue at I am
3. la	m a U.S	c. citizen or other U.S. person (defined below), and									
4. The	FATCA	A code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is corre	ect.							
becau intere gener instru	use you st paid, ally, pay ctions o	instructions. You must cross out item 2 above if you have been notified by the IRS th have failed to report all interest and dividends on your tax return. For real estate transa acquisition or abandonment of secured property, cancellation of debt, contributions to ments other than interest and dividends, you are not required to sign the certification, in page 3.	actions, i o an indi	tem 2 vidual :	does retire	not : ment	apply. t arran	For gem	mort ent (	gage IRA),	and
Sign	S	ignature of	te ▶								

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### **Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

## **PART 1: GENERAL INFORMATION VENDOR NAME (Items with an \* are required)** \*Last Name / Business Name (Individuals entering Last Name must enter First Name below) Select one: \*Federal Tax ID or SS # State Tax ID First Name Middle Name Suffix Federal Tax ID O Soc Sec Num 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 \*State \*Zip Code \*City \*Phone Number Fax Number \*Email Address Extension 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 P.O.'s can be emailed to this email address? \*Contact Name \*Address Line 1 Address Line 2 Address Line 3

*Zip Code	*City	*State			
*Email Address		*Phone Number	Extension	Fax Number	
Remittance	Contact Information (Ite	」└── ms with an * are requi	」∟ red if vou ar	e completing this sect	ion)
	ary Contact Info above <b>OR</b>		, , , , , , , , , , , , , , , , , , ,	- compround and coo	,
— ☐ Same as Purc	hasing Contact Info above				
*Contact Name	☐ P.O.'s	s can be emailed to this ema	il address?		
*Address Line 1					
Address Line 2					
Address Line 2					
Address Line 3					
*Zip Code	*City	*State			
*Email Address		*Phone Number	Extension	Fax Number	
Primary 1099	Contact Information (Ite	」∟ ms with an * are requi	red if you ar	e completing this sect	ion)
•	ary Contact Info above <b>OR</b>	·	•		
Same as Purc	hasing Contact Info above <b>OR</b>				
Same as Rem	ittance Contact Info above				
*Contact Name	P.O.'s	s can be emailed to this ema	nil address?		
*Address Line 1					
Address Line 2					
Address Line 3					
Address Line 3					
*Zip Code	*City	*State			
*Email Address		*Phone Number	Extension	Fax Number	
	Assigned Counsel Office	244 Fair Street, 4th Floor   King	ston, New York 12	2402   845-340-3432	

PART 3: AD	DITIONAL REM	TTANCE CONTACT INFORM	ATION
Please use th	ese sections to pro	vide us with additional remittar	nce information, if necessary
*Contact Name		P.O.'s can be emailed to this email ac	ddress?
*Address Line 1			
/tddress zine i			
Address Line 2			
Address Line 3			
*Zip Code	*City	*State	
¥5 ! A . !		*Phone Number	F. roottoo Fan Novelleau
*Email Address		"Phone Number	Extension Fax Number
Other Conta	ct Information		
*Contact Name		P.O.'s can be emailed to this email ac	ddress?
*Description			
*Address Line 1			
Address Line 2			
Address Line 3			
Address Line 3			
*Zip Code	*City	*State	
*Email Address		*Phone Number	Extension Fax Number