## UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF NEW YORK

## CJA PANEL APPLICATION FORM

PLEASE COMPLETE THE ATTACHED CRIMINAL JUSTICE ACT PANEL APPLICATION FORM.

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PLEASE RETURN THE COMPLETED FORM TO:

LAWRENCE K. BAERMAN, CLERK
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK
P.O. BOX 7367
100 SOUTH CLINTON STREET
SYRACUSE NY 13261-7367

ATTN: Robin Smith

## UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF NEW YORK

## CRIMINAL JUSTICE ACT ASSIGNED COUNSEL APPLICATION FORM

| . Name:(LAST)                                      | (FIRST)                                           | (MIDDLE INITIAI    |
|----------------------------------------------------|---------------------------------------------------|--------------------|
| D' No                                              |                                                   |                    |
| . Firm Name:                                       |                                                   |                    |
| 6. Office Address:                                 |                                                   |                    |
| (CITY)                                             | (STATE)                                           | (ZIP CODE)         |
| . County: N                                        |                                                   |                    |
| . Office Telephone No.: ()                         | Fax Number: ()                                    |                    |
| . Home Telephone No: ()                            | E-Mail Address:                                   |                    |
| .* Federal Tax Identification No.:                 | 7A)* Social Security No.: _                       |                    |
| . Education:                                       |                                                   |                    |
| Law School:                                        | Highest Dogress abtained                          | Date:              |
| College:                                           | Highest Degree obtained: Highest Degree obtained: | _ Date:<br>_ Date: |
| Other:                                             |                                                   |                    |
| . Dates of Admission:                              |                                                   |                    |
| A) Federal Court - Northern District of New York : | //_ B) State Court - New York State:              |                    |
| C) Second Ciruit:/ D) Other: _                     |                                                   |                    |
| 0. I am fluent in a foreign language(s):           | YES / NO If Yes, please Specify:                  |                    |
| 1. I am familiar with the current NDNY L           | Local Rules: YES / NO                             |                    |
| I am familiar with the current Fed R (             |                                                   |                    |

 $<sup>^{\</sup>star}$  IF USING A LAW FIRM EMPLOYER IDENTIFICATION NUMBER, YOU  $\underline{\text{MUST}}$  ALSO PROVIDE YOUR SOCIAL SECURITY NUMBER

| 1) List below 3 recent (within the past 5 years) cases, setting forth the case name, case number presiding Judge, opposing counsel, your role (e.g., lead counsel, second chair, etc.), the case disposition, and anything about the case that has contributed to your qualifications:        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a)                                                                                                                                                                                                                                                                                            |
| b)                                                                                                                                                                                                                                                                                            |
| c)                                                                                                                                                                                                                                                                                            |
| 2) Describe Federal Sentencing Guidelines' issues that you have addressed in 3 recent (within the pas 5 years) cases (please include the case name and number).                                                                                                                               |
|                                                                                                                                                                                                                                                                                               |
| B) State Trial Court Experience:                                                                                                                                                                                                                                                              |
| 1) List below 3 recent (within the past 5 years) cases, setting forth the Court, case name, case number presiding Judge, opposing counsel, your role (e.g., lead counsel, second chair, etc.), the case disposition, and anything about the case that has contributed to your qualifications: |
| a)                                                                                                                                                                                                                                                                                            |
| b)                                                                                                                                                                                                                                                                                            |
| c)                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                               |

12. A) Federal Trial Court Experience:

| (1) List below 3 recent (within the past 5 years) appeals, setting forth the name of the court, the cas name, case number, opposing counsel, your role (e.g., conducted oral argument, prepared brief drafted brief, etc.), and the primary issues: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a)                                                                                                                                                                                                                                                  |
| b)                                                                                                                                                                                                                                                  |
| c)                                                                                                                                                                                                                                                  |
| D) Other Relevant Experience or Training Not Previously Described:                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                     |
| 13. I have served as a criminal prosecutor: YES / NO If "yes", identify the office, your position(s), and dates of service.                                                                                                                         |
|                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                     |
| 14. I have been a member of a state court assigned counsel panel: YES / NO If "yes", identify the program and the dates of your membership.                                                                                                         |
|                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                     |

C) Appellate Experience:

| 15.     | Have you ever been the subject of Court discipline? YES / NO Have you ever been suspended from participation in an assigned counsel program? YES / NO If "yes" to either question, provide details. |                 |                        |  |  |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------|--|--|
|         |                                                                                                                                                                                                     |                 |                        |  |  |
| 16.     | Continuing Legal Education:                                                                                                                                                                         |                 |                        |  |  |
|         | A) Have you completed any courses on the Date(s) and names of CLE provider:                                                                                                                         |                 |                        |  |  |
|         | B) Have you completed any courses on the Date(s) and names of CLE provider:                                                                                                                         | Bail Reform A   | ct? YES / NO           |  |  |
|         | C) Have you attended Federal Public Defen                                                                                                                                                           | nder sponsored  | CLE programs? YES / NO |  |  |
|         | (If yes, list below)                                                                                                                                                                                |                 |                        |  |  |
|         | Program name:                                                                                                                                                                                       |                 | Date attended:         |  |  |
|         | Program name:                                                                                                                                                                                       |                 | Date attended:         |  |  |
|         | Program name:                                                                                                                                                                                       |                 | Date attended:         |  |  |
|         | D) What other criminal CLE programs have                                                                                                                                                            | ve you attended | ?                      |  |  |
|         | Program name:                                                                                                                                                                                       |                 | Date attended:         |  |  |
|         | Program name:                                                                                                                                                                                       |                 |                        |  |  |
|         | Program name:                                                                                                                                                                                       |                 | Date attended:         |  |  |
|         | E) Have you participated in the Northern Date completed:                                                                                                                                            |                 |                        |  |  |
| Dated   | l:S                                                                                                                                                                                                 | ignature        |                        |  |  |
|         |                                                                                                                                                                                                     |                 |                        |  |  |
| FUR CJ  | JA PANEL COMMITTEE USE ONLY:                                                                                                                                                                        |                 |                        |  |  |
|         | APPROVAL RECOMMENDEDADDITIONAL TRAINING RECOMMENDEDAPPROVAL NOT RECOMMENDED                                                                                                                         | Date:           | CJA Panel Committee    |  |  |
|         | DARD OF JUDGES USE ONLY:                                                                                                                                                                            |                 |                        |  |  |
| Attorne | ey is added to the Panel list for the following regional area o                                                                                                                                     | f the NDNY:     |                        |  |  |
| Alb     |                                                                                                                                                                                                     | Utica           | Watertown Plattsburgh  |  |  |
|         |                                                                                                                                                                                                     | Date:           |                        |  |  |