

The Assigned Counsel Defender Plan of Suffolk County (“SCACP”) provides attorneys the opportunity to fulfill the obligation of providing mandated legal services by representing indigent litigants in criminal, family and Appellate cases.

Attorneys may only participate on one criminal panel, either the Felony or Misdemeanor Panel, but may also be members of the Family Court and Appellate Panels. There is also a separate Murder Panel and a separate panel for those who wish to represent abuse/neglect and/or adults in Termination of Parental Rights cases before the Family Court.

One of the basic eligibility requirements is that an attorney either reside or have an office in Suffolk County. **Please note that the address and phone number you list on this application will be provided to the courts and to the clients you will be assigned. If you have a home office, you may want to consider getting a post office box.**

Please submit your application, Certificate of Good Standing, resume and proof of at least 6 CLE credits in the area in which you wish to join to:

Suffolk County Assigned Counsel Defender Plan  
Daniel A. Russo, Administrator  
Courthouse Corporate Center  
320 Carleton Avenue, Suite 4300  
Central Islip, New York 11722  
Email: [info@scacp.org](mailto:info@scacp.org)

Although not required for Plan acceptance, we have enclosed applications for the Suffolk County Bar Association and the Suffolk County Criminal Bar Association. As an attorney practicing before the courts, you will find active participation in these Bar Associations important to your practice.

Once the Screening Committee has had an opportunity to review the materials, an interview will be scheduled. You will be notified in writing whether or not the Committee recommends you for membership on the panel or panels delineated in your application.

If you have any questions about the application, requirements or the Assigned Counsel Program, please contact me at (631) 439-0539 or email at [info@scacp.org](mailto:info@scacp.org).

Very truly yours,

Daniel A. Russo  
Administrator

**APPLICATION FOR PANEL OF ATTORNEYS**

INITIAL

UPGRADING

RE-CERTIFICATION

NAME: \_\_\_\_\_

MAILING/  
ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL:  
\_\_\_\_\_

HOME ADDRESS:  
\_\_\_\_\_

TAX ID #: \_\_\_\_\_ SSN#:  
\_\_\_\_\_

Admitted to New York State Bar: \_\_\_\_\_  
(Date and Department)

ATTORNEY REGISTRATION #: \_\_\_\_\_

Are you currently registered with the Office of Court Administration? \_\_\_\_\_

Are you currently a member of any Bar Association? \_\_\_\_\_

\_\_\_\_\_

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

Attorneys must be admitted to practice in New York, be registered with the Office of Court Administration, and comply with the continuing legal education requirements as established by New York State (22 NYCRR Part 1500).

I am compliant with this requirement.

I am not compliant with this requirement.

There is a panel CLE requirement of at least 6 credits per year for each panel you serve. Should an applicant be applying for both criminal and family court panels, then twelve (12) credits per year are required. Presently, the SCACP hosts at least (2) mandatory CLE per year which attendance at same will fulfill this requirement.

Have you taken any continuing legal education credits in criminal law or related areas within the past year?

I am compliant with this requirement.

I am not compliant with this requirement.

PANELS ARE DIVIDED INTO EAST END OR WEST-END. West consists of District and Village Courts in Western Suffolk. EAST consists of Village and Justice Courts in Eastern Suffolk. (i.e.: Southampton, Riverhead, Quogue, etc.) Your address will determine which area you will be placed. Otherwise, please indicate preference:

EAST END

WEST END

Please indicate which panel you would like to serve:

"A" FELONY PANEL: Crimes punishable by death or life imprisonment:

FELONY PANEL: Felonies triable in the County Court, other than crimes punishable by death or life imprisonment

DISTRICT COURT CALENDAR

COUNTY CALENDAR

D-11 WEEKEND CALENDAR

APPEAL PANEL

MISDEMEANOR PANEL

CALENDAR ROTATION

APPELLATE TERM PANEL

FAMILY COURT PANEL - All cases, excluding abuse, neglect and/or parental Termination.

FAMILY COURT NEGLECT/ABUSE PANEL -Abuse, neglect and/or parental Termination cases. **Must be approved for Neglect/Abuse Panel before leave to apply to The Attorney for Children Panel.**

APPEAL PANEL

SUPREME COURT PANEL

Attorneys in any criminal panel may be included in the Family Panel. No attorney may be placed on more than one **criminal** trial list. If you have not been admitted to practice for a minimum of five years but believe that because of **exceptional circumstances**, you are eligible for the Murder and/or Felony Panel, please substantiate this on the resume required for admission to those panel



**CRIMINAL LAW EXPERIENCE**

What is the percentage of your practice that is devoted to Criminal Defense Law? \_\_\_\_\_  
%

Number of cases handled to conclusion in which substantive work was performed:

\_\_\_\_\_ Misdemeanor \_\_\_\_\_ Felony

Number of cases involving pre-trial motions (supply a copy of motion papers):

\_\_\_\_\_ Misdemeanor \_\_\_\_\_ Felony

Number of pre-trial hearings in which testimony was taken:

\_\_\_\_\_ Misdemeanor \_\_\_\_\_ Felony

Number of Jury trials (to verdict)

\_\_\_\_\_ Misdemeanor \_\_\_\_\_ Felony

Number of Non-Jury Trials (to verdict)

\_\_\_\_\_ Misdemeanor \_\_\_\_\_ Felony

Please provide information about your most recent trials.

(\*Applicants for Felony Panel – list the three most recent Felony Trials)

Criminal Trial Experience – “A” Felony Applicants Only: In addition to the three felony trials, please provide the information for the last three “A” Felony cases that you tried. If you tried fewer than 3 “A” Felony cases, please provide the information for the ones you have tried.

1. Name of Defendant  
Docket #:  
Top Charge  
Date Trial Began  
Presiding Judge  
Adversary
  
2. Name of Defendant  
Docket #:  
Top Charge  
Date Trial Began  
Presiding Judge  
Adversary
  
3. Name of Defendant

Docket #:  
Top Charge

Date Trial Began  
Presiding Judge  
Adversary

**Felony "A" Cases:**

4. Name of Defendant  
Docket #:  
Top Charge  
Date Trial Began  
Presiding Judge  
Adversary

5. Name of Defendant  
Docket #:  
Top Charge  
Date Trial Began  
Presiding Judge  
Adversary

6. Name of Defendant  
Docket #:  
Top Charge  
Date Trial Began  
Presiding Judge  
Adversary

Criminal Appellate Experience – Applicants for Appeal Panel only:

Number of felony Appeals completed: \_\_\_\_\_

Number of Cases argued: \_\_\_\_\_

Submit a copy of 2 different briefs and decisions from criminal cases.

Examination during trial of at least 4 on the following expert witnesses. Please circle which of the following conform with your experience:

Police Officers    Police officers working in an undercover capacity

Expert on fingerprints                      Expert on ballistics and/or firearms

Psychiatrist/Psychologist                  Mitigation Specialist                  Investigator

Other: \_\_\_\_\_

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

Police Officers				
Psychiatrists				
Psychologists				
Serologists				
Undercover Agents				
Other				

	Past 5 Years	Past Year	Cross/Direct	Type of Case
Ballistics Experts				
FBI/DEA/ATF Agents				
Chemist/Lab Tech				
Fingerprint Experts				
Medical Examiners				
Medical Experts				

Panel Applicants must have attended a Trial Practicum Course or equivalent program.

- I am compliant with this requirement.
- I am not compliant with this requirement.

List the names, addresses and phone numbers of 3 adversaries on cases that you recently handled that are not already listed above.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Indicate all assigned counsel panels of which you are currently a member:  
 (And the year you were approved for the panel)

Have you ever been denied or refused certification or admission to any assigned counsel panel? If so, state particulars:

Have you ever been relieved from an assigned case? If so, state particulars:

Have you ever been suspended, removed, or asked to resign from any assigned counsel panel? If so, state particulars.

Have you ever been held in contempt? If so, state particulars

Have you ever been the subject of a complaint to a bar association or departmental grievance Committee which resulted in admonition, reprimand or censure, suspension from practice of law or disbarment? If so state particulars.

**PLEASE NOTE: IF THERE IS A PENDING COMPLAINT YOUR APPLICATION CANNOT BE APPROVED UNTIL FINAL DISPOSITION BY THE GRIEVANCE COMMITTEE.**

Have you ever been convicted of a crime in this state or in any jurisdiction of an offense which, if Committed in New York, would constitute a crime? If so, state particulars.

Are you currently or have you been, within the last five years, under treatment by a physician, Psychologist or therapist for any physical, mental or emotional illness or substance dependency or Other disorder that arguably might affect your performance as a litigator? If so, state particulars.

If you are willing to assist in the following, please check off the area:

- Are you willing to help in training less experienced attorneys in criminal matters?
- Are you interested in participating in our Mentor Program?
- Are you willing to allow a less experienced attorney “second chair” a trial or hearing that you are assigned?

Affirmation:



I hereby request that I be considered for participation in the Assigned Counsel Program.  
I affirm under the penalties of perjury that the foregoing information is true and correct.

I agree to comply with the terms of the Suffolk County Assigned Counsel Plan, all regulations promulgated by the Administrator, including payment regulations, all procedures regarding assignments, and all applicable statutory and case laws in connection with my role as an assigned attorney. I also agree to fulfill any continuing legal education requirements as determined by the Suffolk County Assigned Counsel program. Further, I agree to immediately notify both the assignment Judge and the Administrator in the event I am unable to continue to effectively represent my client at any time.

Date: \_\_\_\_\_  
\_\_\_\_\_ (Signature)

-----

For Use by the Screening Committee Only

Action Taken:

\_\_\_\_\_ Recommended by the Committee for \_\_\_\_\_ Panels

\_\_\_\_\_ Recommended for Training and/or Mentor Program

\_\_\_\_\_ Not Recommended for Panel

\_\_\_\_\_

DATE: \_\_\_\_\_