

TOMPKINS COUNTY ASSIGNED COUNSEL
ATTORNEY INFORMATION FORM
(to be submitted with letter application)

Page 1 of 5 pages

I _____ (please print) represent and certify that I am an attorney currently duly licensed to practice my profession in the State of New York, and that my license to practice law in the State of New York or any other jurisdiction is not currently under suspension or any other restriction. I also provide the following information (with attached supplemental pages where necessary, each separately numbered, signed, and dated by me) [where the accurate and complete response would provide no information, please write "none"]:

1. Please provide each full name under which you are currently practicing and/or authorized to practice (in New York State or elsewhere), specifying where you are practicing under each name.

2. Please provide each other full name under which you have practiced law and/or been authorized to practice law in the past (in New York State or elsewhere), specifying where you have practiced under each name.

3. Please provide each present office address and telephone number of each office where you presently practice law (in New York State and elsewhere).

4. Please provide each office address and telephone number of each office where you have practiced law within the ten years last past (in New York State and elsewhere).

5. Please provide your current home address and telephone number.

6. Please provide each current other residence and telephone number.

7. Please provide your date of birth and place of birth.

8. Please provide each social security number issued to you, and the name in which each social security number was originally issued.

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This page signed by me on _____ (date)

(signature)

9. Please provide each Judicial Department (in New York State) in which you were admitted to practice in New York State, together with each date of admission and each name that you were admitted to practice under (if different).
10. Please provide each other jurisdiction and/or administrative agency to which you have been admitted to practice, together with the each date of admission and each name that you were admitted to practice under (if different).
11. Please describe your practice of law at each such office address (see response # 3 and response # 4 above) within the ten years last past (in New York State and elsewhere), detailing each subject area of your practice and the volume (in actual numbers and in percentages related to each area of practice) of cases that you have handled. In your response, please provide separate information for each state court before which you have practiced, and for the federal courts (as a group) before which you have practiced.
12. Please describe your intentions with respect to your intended participation in the Tompkins County Assigned Counsel Program, including in your response detailed information as to each of the following: the length of time into the future that you intend to engage in the practice of law in Tompkins County; the length of time into the future that you intend to maintain an office in Tompkins County; the time each week that you intend to devote to the practice of law in Tompkins County; the maximum number of hours each week that you intend to devote to cases which may be assigned to you through the Tompkins County Assigned Counsel Program.

13. Please generally describe your prior experience in the practice of criminal law and any area of law associated with the practice of criminal law within the ten years last past (in New York State and elsewhere).

Please also provide the following, with respect to each state in which you have practiced:

- a. the number of misdemeanor cases in which you have represented clients, and the number of those cases that you have tried to verdict, in each of the last five years

- b. the number of low-grade felony cases (maximum possible punishment of ten years or less) in which you have represented clients, and the number of those cases that you have tried to verdict, in each of the last five years

- c. the number of intermediate felony cases (maximum possible punishment of ten years to twenty years) in which you have represented clients, and the number of those cases that you have tried to verdict, in each of the last five years

- d. the number of serious felony cases (maximum possible punishment of twenty years or more) in which you have represented clients, and the number of those cases that you have tried to verdict, in each of the last five years

- f. the number of murder cases in which you have represented clients, and the number of those cases that you have tried to verdict, in each of the last five years

- g. the number of capital murder cases (maximum punishment of death) in which you have represented clients, and the number of those cases that you have tried to verdict, in each of the last five years

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(signature)

14. If you have ever been censured, suspended, disbarred, or otherwise disciplined with respect to the practice of law generally or before any court and/or agency, please provide the name of the court and/or agency, jurisdiction, discipline, and date imposed.
15. If you have ever been the subject of a complaint of attorney misconduct which resulted in the imposition of a sanction and/or any limitation on your practice of law and/or the issuance of an information or educational letter, please provide details about each such complaint and each such issuance of such a sanction and/or limitation and/or letter, together with the name and address of the court and/or agency issuing such sanction and/or limitation and/or letter and date of issuance thereof.
16. If you are currently the subject of a complaint before any attorney disciplinary agency or bar association, please provide the name and address of the agency and/or bar association, together with the name of the complainant and the file number assigned to that complaint.
17. If you are ever been the subject of a malpractice claim (whether or not any such claim was settled, compromised, or paid), please provide full details of each such claim, including the date and place of each such claim, the name and address of the claimant, the name and address of any attorney for the claimant, the name(s) and address(es) of each person having knowledge regarding each such claim, the name and address of each attorney with whom you consulted with respect to each such claim, and the disposition of each such claim.
18. If you are ever been the subject of a claim of ineffective assistance of counsel (whether or not any such claim was settled, compromised, or paid), please provide full details of each such claim, including the date and place of each such claim, the name and address of the claimant, the name and address of any attorney for the claimant, the name(s) and address(es) of each person having knowledge regarding each such claim, the name and address of each attorney with whom you consulted with respect to each such claim, and the disposition of each such claim.

19. If you are ever been convicted of a crime, please provide full details of each such conviction, including the date and place of each such conviction, the name and address of each complainant, the name and address of each prosecutor with respect to each conviction, the name(s) and address(es) of each person having knowledge regarding the conduct underlying each such conviction, the name and address of each attorney with whom you consulted with respect to each charge leading to each such conviction, the sentence imposed by each court with respect to each such conviction, and each other disposition of each such conviction. If any aspect of any case regarding any such conviction is reported in any law book and/or any legal or other newspaper, please include a citation to each such report in any law book and/or newspaper.

I hereby affirm under penalty of perjury and upon my oath as an attorney that all of the information contained on each of the four foregoing pages, and each attached and/or supplemental page, is true and accurate and complete. I authorize the Tompkins Counsel Assigned Counsel Program and/or its designee to request and receive and evaluate and investigate any information and/or papers and/or materials, from any person or entity (including any court and/or bar association and/or attorney discipline agency), regardless of whether any such information and/or papers and/or materials may otherwise be confidential and/or privileged, concerning any matter relating to me and regarding any representations that I have made in this Attorney Information Form. I agree that a photocopy of my signature on this authorization shall be as effective as my original signature.

Date

Signature

Notice: Please attach to this Attorney Information Form each of the following

- a current detailed resume or vitae
- a current certificate of good standing from each court before which you are admitted to practice

Where you have attached any supplemental page(s) to this Attorney Information Form [the bottom of each supplemental page must be signed and dated by you, in the same manner as each page of this Attorney Information Form], please describe the nature and number of each supplemental page below (if none, please write "none"):

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_____ (signature)