

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF NEW YORK

APPLICATION FOR MEMBERSHIP ON CJA ATTORNEY PANEL

1. Name: _____
LAST FIRST MIDDLE

2. Business: _____
FIRST NAME BUSINESS TELEPHONE EXTENSION

_____ BUSINESS FAX

STREET ADDRESS SUITE

_____ BUSINESS E-MAIL ADDRESS

CITY STATE ZIP CODE

3. Application for: Buffalo Division District Court Trial Panel
 Rochester Division District Court Trial Panel
 Buffalo Division District Court Emeritus Panel
 Rochester Division District Court Emeritus Panel

4. State Bar Memberships

_____	_____	_____
<small>STATE</small>	<small>BAR ID NUMBER</small>	<small>DATE OF ADMISSION</small>
_____	_____	_____
<small>STATE</small>	<small>BAR ID NUMBER</small>	<small>DATE OF ADMISSION</small>
_____	_____	_____
<small>STATE</small>	<small>BAR ID NUMBER</small>	<small>DATE OF ADMISSION</small>

Date Admitted to the Bar of this Court: _____
DATE OF ADMISSION

Date Admitted to the Bar of the Court of Appeals for the Second Circuit: _____
DATE OF ADM ISSION

List all courts in which you are presently admitted to practice, including the dates of admission.

_____	_____
<small>COURT</small>	<small>DATE OF ADMISSION</small>
_____	_____
<small>COURT</small>	<small>DATE OF ADMISSION</small>

5. Colleges and Universities Attended:

_____	_____	_____
<small>NAME</small>	<small>DATES (MM /YY - M M /YY)</small>	<small>DEGREE</small>
_____	_____	_____
<small>NAME</small>	<small>DATES (MM /YY - M M /YY)</small>	<small>DEGREE</small>
_____	_____	_____
<small>NAME</small>	<small>DATES (MM /YY - M M /YY)</small>	<small>DEGREE</small>

Law School:

_____	_____	_____
<small>NAME</small>	<small>DATES (MM /YY - M M /YY)</small>	<small>DEGREE</small>

6. Professional Work History

(a) _____
POSITION

NAME OF FIRM

STREET ADDRESS SUITE START DATE

CITY STATE ZIP CODE END DATE

REASON FOR LEAVING EMPLOYMENT

(b) _____
POSITION

NAME OF FIRM

STREET ADDRESS SUITE START DATE

CITY STATE ZIP CODE END DATE

REASON FOR LEAVING EMPLOYMENT

(c) _____
POSITION

NAME OF FIRM

STREET ADDRESS SUITE START DATE

CITY STATE ZIP CODE END DATE

REASON FOR LEAVING EMPLOYMENT

7. What is the general nature of your practice?

DESCRIBE YOUR TYPICAL CLIENTS AND MENTION ANY LEGAL SPECIALTIES YOU POSSESS.

8. List in reverse chronological order, the 3 most recent felony criminal trials in which you participated. You **must** provide the following information for each case: year, court, case number, judge with current chambers telephone number, prosecutor with current telephone number and defendant's name. Please indicate whether each trial was a jury or bench trial, the length of trial, and whether the trial went to verdict. State what your role was in each trial (lead counsel, second seat) and give the names of other lawyers who participated in the defense of your client. In multiple defendant cases, please include name and current telephone number(s) of co-counsel.

Case # 1

Date of trial and name of defnt: _____

Court and Judge: _____

Case name and dkt no.: _____

Prosecutor: _____

Co-Counsel, if any: _____

Your role: _____

Charges, including grade of each: _____

Jury or bench trial: _____

Duration of trial and outcome: _____

Case # 2

Date of trial and name of deft: _____

Court and Judge: _____

Case name and dkt no.: _____

Prosecutor: _____

Co-Counsel, if any: _____

Your role: _____

Charges, including grade of
each: _____

Jury or bench trial: _____

Duration of trial and outcome: _____

Case # 3

Date of trial and name of deft: _____

Court and Judge: _____

Case name and dkt no.: _____

Prosecutor: _____

Co-Counsel, if any: _____

Your role: _____

Charges, including grade of
each: _____

Jury or bench trial: _____

Duration of trial and outcome: _____

9. Summarize your experience with the federal sentencing guidelines.

INCLUDE SEMINARS, LECTURES, REFERENCE WORKS YOU SUBSCRIBE TO AND SENTENCING MATTERS YOU HAVE HANDLED. PROVIDE THE TYPE OF INFORMATION REQUESTED IN QUESTION 8 ABOVE.

10. List all continuing legal education classes that you attended within the last two years that relate to federal criminal practice.

11. Please provide the names, addresses and telephone numbers of two (2) professional references who can certify your professional competence and ethical character.

(a) _____
NAME

BUSINESS ADDRESS

BUSINESS TELEPHONE NUMBER

CITY STATE ZIP CODE

OTHER NUMBER (HOME, CELLULAR, ETC.)

(b) _____
NAME

BUSINESS ADDRESS

BUSINESS TELEPHONE NUMBER

CITY STATE ZIP CODE

OTHER NUMBER (HOME, CELLULAR, ETC.)

12. Use the provided attachment pages to explain any "YES" answers to the following questions:

(a) Have you ever been convicted of, or pleaded guilty to, the commission of any felony or misdemeanor or violation of law or ordinance (except minor traffic violations)? If so, state the date, name and nature of the offense, locality and disposition.

Yes No

(b) Are you now, or within the last twelve (12) months have you been, the subject to any complaint, information, indictment, accusation, or other charging document, which charges you with the commission of any felony or misdemeanor or violation of any law or ordinance (except minor traffic violations)? If so, state the date, name and nature of the offense, locality and disposition.

Yes No

(c) As the holder of any public office or of any license granted by the United States, by any state or local government (including the New York State Bar), have you ever been discharged, disbarred, suspended, or otherwise disqualified, disciplined, or advised that renewal of such license would not be permitted? Have you ever been disciplined by any such body? Unless your answer to both of the above questions is an unqualified "no", state the complete facts and disposition and identify the authority in possession of the records thereof

Yes No

(d) Have you ever been cited for contempt of any court or body having the power of contempt? If so, provide complete details.

Yes No

13. Foreign Language Ability:

I hereby certify that the answers given by me to the foregoing questions and statements made are true and correct, without mental reservations of any kind whatsoever. I certify I have read and am familiar with the Federal Rules of Criminal Procedure, the Federal Rules of Evidence, the Federal and Second Circuit Rules of Appellate Procedure, the United States Sentencing Guidelines, the Bail Reform Act of 1984, the Local Rules of Criminal Procedure and standing Orders, the Guidelines for the Administration of the Criminal Justice Act, the Rules of Civility, and this CJA Plan, I will comply with all orders, rules and regulations administered by the Court. I also authorize my former employers to give any information they may have regarding me. I hereby release them and their companies from all liability for any damage whatsoever for issuing same. If, upon investigation, anything contained in this application is found to be untrue, I understand that I will be subject to dismissal at any time during the period of my appointment.

DATE

SIGNATURE OF APPLICANT

Submit completed application to:

Donna M. Daly
CJA Panel Administrator
Federal Public Defender's Office
300 Pearl Street, Suite 200
Buffalo, New York 14202

ATTACHMENT PAGE

THE FOLLOWING PAGES MAY BE USED TO PROVIDE OR COMPLETE INFORMATION REQUESTED BY APPLICATION QUESTIONS.

Question number:

Question number:
