



**Nassau County Bar Association
Assigned Counsel Defender Plan**



Application for Recertification

2026

First Name:	Middle Initial:	Last Name:
Section A. BUSINESS INFORMATION		
Name:		
Address:		
City:	State:	Zip Code:
Phone#:	Fax#:	
Section B. PERSONAL INFORMATION		
Address:		
City:	State:	Zip:
Phone#:	Cell #:	
E-Mail:		

Questionnaire

Section C. - Please answer all questions below.

1. Do you wish to remain an active member of the Nassau 18b Panel? ☐ Yes ☐ No
[For Appellate Panel Members only, if your answer is "yes", please include a copy of a recent brief.]
2. Are you a member of any other Assigned Counsel Panel? ☐ Yes ☐ No
If yes, give name and location: _____
3. Are you currently serving as a town and/or village judge within the State of New York? ☐ Yes ☐ No
4. Are you currently registered with the Office of Court Administration and have you paid the bi-annual fee? ☐ Yes ☐ No
5. Did you submit proof of completion of the required 6 CLE credits in the last calendar year? ☐ Yes ☐ No
6. Have you within the past three years been relieved from an assigned case, due to a conflict with a client or failure to appear? ☐ Yes ☐ No
If so, state the particulars (use addendum, if necessary): _____
7. Have you within the past three years been suspended, removed, or asked to resign from any assigned counsel panel, including any AFC panel? ☐ Yes ☐ No
If so, state the particulars (use addendum, if necessary): _____
8. In the past three years, have you been sanctioned and/or been the subject of any complaint or disciplinary proceeding? ☐ Yes ☐ No
If so, please indicate the status thereof: _____
9. Are you submitting your vouchers within forty-five (45) days of the conclusion of your cases? ☐ Yes ☐ No
If no, please explain: _____
10. Indicate the number of cases and clients to which you are currently assigned as an 18b Attorney in all courts (indicate N/A if you have no cases in a particular court):
City Court: Number of Cases: _____ Number of Clients: _____
County Court: Number of Cases: _____ Number of Clients: _____
District Court: Number of Cases: _____ Number of Clients: _____
Family Court: Number of Cases: _____ Number of Clients: _____
Supreme Court: Number of Cases: _____ Number of Clients: _____
Town/Village Court: Number of Cases: _____ Number of Clients: _____
11. **For Appellate Panel Members Only:** Indicate the number of appeals to which you are currently assigned as an 18b Attorney: _____
12. Do you have any foreign language proficiency? ☐ Yes ☐ No
If yes, please indicate: _____
13. Please list the dates of your last 3 assignments for which you appeared as the Attorney of the Day in any court part: _____
14. Which race or ethnicity best describes you (please only choose one):
☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander
☐ Black/African American ☐ Hispanic
☐ White/Caucasian ☐ Prefer not to respond
☐ Multiple ethnicity/Other (please specify): _____

Section D. - ATTORNEY AFFIRMATION.

The undersigned, an attorney duly admitted to practice before the courts of the State of New York, affirms under penalties of perjury and states that the information provided herein is true and accurate.

Signature of Affirmant

Date

**YOU MUST SIGN THE ATTACHED WAIVER OF CONFIDENTIALITY FORM TO COMPLETE YOUR APPLICATION. THIS
APPLICATION FOR RECERTIFICATION MUST BE RETURNED BY OCTOBER 1, 2026**



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WAIVER OF CONFIDENTIALITY

Section E. - ATTORNEY NAME

First Name: Initial: Last Name:

Section F. - WAIVER AUTHORIZATION

I authorize the Grievance Committee of the Second Department, or any other department, to share information relative to me as an attorney with the Nassau County Bar Association Assigned Counsel Defender Plan.

Signature

Date

**YOU MUST SIGN THIS WAIVER FORM IN ORDER TO COMPLETE
YOUR RECERTIFICATION APPLICATION.**

**THIS APPLICATION FOR RECERTIFICATION MUST BE
RETURNED BY OCTOBER 1, 2026**