

**AFFIRMATION**

**STATE OF NEW YORK**

**COUNTY OF \_\_\_\_\_**

\_\_\_\_\_, respectfully states:

1. I am an attorney duly licensed to practice law in the State of New York, in good standing. I was admitted to practice on \_\_\_\_\_ in the \_\_\_\_\_ Department; and maintain offices at \_\_\_\_\_.

(Street, City/Town, Zip Code)

2. I am registered with the Office of Court Administration and have submitted my biennial fee pursuant to §468-a of the Judiciary Law. I understand 22 NYCRR Part 1032 and Section 7.2 of the Rules of the Chief Judge and will conform to their requirements.

3. I attended an Attorneys for Children training program on April 4 and April 5, 2019 at Ballroom 384 in Rochester, New York. I also have completed the required online domestic violence training.

4. Disclosure, if applicable.

I am currently employed as a (full time or part-time), or in the office of the:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
District Attorney  
Public Defender  
County Attorney  
Corporation Attorney  
City Court Judge  
Town Justice  
Village Justice

If I am hereafter appointed, elected or employed in any of the above positions/offices while a member of the Attorneys for Children panel, I will notify the Family Court Judge in writing.

5. I hereby request that I be designated to the Attorneys for Children panel in \_\_\_\_\_ County.

The undersigned affirms that the foregoing is true.

DATED:

\_\_\_\_\_

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

(Ph) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Telephone Number/Fax Number

\_\_\_\_\_  
E-mail Address

\*\*\*\*\*

**Approval:** Designate the above-referenced attorney to the Attorney for Children panel in \_\_\_\_\_ County.

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
Supervising Judge Family Court /  
Family Court Judge, \_\_\_\_\_ County