



CHIEF DEFENDERS ASSOCIATION OF NEW YORK

MEMBERSHIP APPLICATION

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NAME _____

TITLE _____

OFFICE NAME _____

OFFICE ADDRESS _____

CITY _____, NY ZIP _____

TELEPHONE _____ FAX _____

E-MAIL _____

MEMBERSHIP INFORMATION:

All institutional defender organizations and assigned counsel programs in New York State are eligible for membership in CDANY. The Chief Defender of each organization can join on behalf of the organization.

The following will be considered a "Chief Defender" and will be eligible to enroll his/her institutional defender organization or assigned counsel program as a member.

- a. **A person who oversees an institutional defender organization** that provides direct adult representation of indigent clients in (a) the criminal courts of New York State, (b) the family courts of New York State pursuant to Family Court Act § 262, and/or (c) the appellate courts of New York State. An "institutional defender organization" is defined as a public defender office, a conflict defender office, or independent legal aid society.

- b. **A person who oversees an assigned counsel program pursuant** to a plan adopted by a county that allows that person to provide direct oversight to attorneys providing direct adult representation of indigent clients in (a) the criminal courts of New York State, (b) the family courts of New York State pursuant to Family Court Act § 262, and/or (c) the appellate courts of New York State. "Direct oversight" means

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responsibility to ensure that plan attorneys are providing competent representation, and shall include determining whether participating attorneys meet the minimum qualifications for assignment pursuant to the plan; determining whether participating attorneys have met mandated training requirements; providing and/or assisting plan attorneys in obtaining any necessary training; initiating or participating in the investigation of, and/or any necessary corrective actions against, plan attorneys who are alleged to have provided ineffective assistance of counsel or substandard representation; and/or similar oversight responsibilities.

Required dues amount will be based upon budget size of office or organization. Please see more information on the attached dues statement.

Information About Program: (optional)

Program type:

Assigned Counsel Conflict Defender
 Legal Aid or Not-for-Profit Contract Agency Public Defender

Program Handles: (check all that apply)

Appeals Criminal Family Court
 Other (please specify: _____)

Institutional Office Staffing: Please indicate number of

Attorneys Administrative Staff Investigators
 Social Workers Paralegals Other

Assigned Counsel Program Staffing:

Please indicate number of: Panel Attorneys Criminal Panel Attorneys
 Family Court Panel Attorneys

Annual Budget: _____

Approximate Number of Cases/Clients: _____

By completing this application, I certify that I am not currently engaged in any manner with law enforcement, criminal prosecution, or the prosecution of cases pursuant to Article 10 of the Family Court Act. I further agree that if at any point in the future I become so engaged, or am no longer eligible for membership status, I will notify the CDANY and forfeit membership fees and my membership status in the association.

Signature

Date