

**ASSIGNED COUNSEL DEFENDER PLAN, INC.  
15<sup>TH</sup> & West Streets  
Mineola, NY 11501**

**APPLICATION FOR EXPERT PANEL**

**Name:** \_\_\_\_\_ **Social Security/TIN #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **License No.** \_\_\_\_\_  
Please attach a copy of License  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Beeper No.** \_\_\_\_\_

**Area of Expertise:** \_\_\_\_\_

**Degrees and Certification:** \_\_\_\_\_

**Special Skills: Please check applicable areas.**

**Adolescents** \_\_\_\_\_ **Children** \_\_\_\_\_ **Child Abuse** \_\_\_\_\_

**Competence** \_\_\_\_\_ **Developmental Disabilities** \_\_\_\_\_ **Spousal Abuse** \_\_\_\_\_

**Drug/Alcohol Abuse** \_\_\_\_\_ **Mental Handicaps** \_\_\_\_\_ **Physical Handicaps** \_\_\_\_\_

**Sex Offenders** \_\_\_\_\_ **Investigations** \_\_\_\_\_

**Other (Please Specify)** \_\_\_\_\_

**Foreign Language (Please Specify)**  
\_\_\_\_\_

**Please Check Here if you are unwilling to go to detention facilities** \_\_\_\_\_

**Please provide the names, addresses and telephone numbers of three attorneys with whom you have recently worked (include dates worked). You may include any information which you feel the Panel will deem pertinent to your application.**

**A COPY OF YOUR CURRENT RESUME MUST BE ATTACHED.**

List the names, addresses, and telephone numbers of three (3) attorneys with whom you have recently worked.

Attorney Name

Address

Telephone

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COMMENTS:

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ASSIGNED COUNSEL PLAN COMMENTS:

Date rec'd \_\_\_\_\_  
Date approved \_\_\_\_\_  
Authorization \_\_\_\_\_