

Fid.
(Individual)
UCS-870
Rev. 4/03



INSTRUCTIONS: APPLICATION FOR APPOINTMENT PURSUANT TO PART 36 OF THE RULES OF THE CHIEF JUDGE

Part 36 of the Rules of the Chief Judge, effective June 1, 2003, requires that the judicial appointments listed below be made from lists established by the Chief Administrator of the Courts:

- **Guardian**
- **Guardian ad Litem**
- **Law Guardian (privately paid)**
- **Court Evaluator**
- **Attorney for Alleged Incapacitated Person**
- **Court Examiner**
- **Supplemental Needs Trustee**
- **Receiver**
- **Referee** (except special master or referee otherwise performing judicial functions in a quasi-judicial capacity).

The following persons or entities performing services for guardians or receivers must also be appointed from the Chief Administrator's lists:

- **Counsel**
- **Accountant**
- **Auctioneer**
- **Appraiser**
- **Property Manager**
- **Real Estate Broker**

To be placed on a list, you must complete and submit this application and fulfill any applicable training requirements for an appointment. Beginning June 1, 2003, appointments will be made only from lists established through this application procedure; all prior lists expire on May 31, 2003. All persons or entities on prior lists must reapply to be eligible for appointment.

COMPLETING THE APPLICATION

Before you fill out the application, read the affirmation (Item 15) to determine if you are qualified to receive an appointment. Follow the instructions on the form for completing specific items.

CERTIFIED TRAINING

Part A of Item 7 of the application lists categories of appointment for which certified training is required.

Certified training programs completed before June 1, 2003, will fulfill enrollment requirements for lists established on June 1, 2003, including CLE-approved programs conducted by Surrogate's Courts for guardians ad litem and certified training programs for guardians and court evaluators pursuant to Mental Hygiene Law Article 81. For all applications after June 1, 2003, no certified training programs completed more than two years before the date an application is submitted may be used to satisfy the training requirements. An attorney admitted to practice in the State of New York who has completed a certified training program for guardian and court evaluator pursuant to Article 81 of the Mental Hygiene Law may use that program in applying for enrollment on the list of attorneys for alleged incapacitated persons.

SPECIAL INSTRUCTIONS FOR APPLICANTS FOR LAW GUARDIAN (PRIVATELY PAID) AND COURT EXAMINER APPOINTMENTS

Applicants for privately paid law guardian in Departments of the Appellate Division where authorized, and for court examiner, must first be approved by the respective Appellate Divisions before lists for these positions may be established by the Chief Administrator. Applications for law guardian (privately paid) and court examiner appointments will be forwarded by the Office of Court Administration to the appropriate Appellate Division(s) for review and approval. Please contact the Appellate Division in your jurisdiction for further instructions regarding these categories of appointment.

INQUIRIES

For general information about appointments, including eligibility for list enrollment, certified training requirements, the sufficiency of prior training, and the date and location of certified training programs, contact:

**NYS Office of Court Administration
Guardian and Fiduciary Services
25 Beaver Street, Suite 1110
New York, NY 10004**

Internet: <http://www.nycourts.gov/ip/gfs>
e-mail: GFS@courts.state.ny.us
Phone: 212-428-5505

PUBLICATION

This training must be completed BEFORE an application may be submitted.

The Chief Administrator will periodically publish the names of all persons and entities appointed by each appointing judge and the compensation approved for each appointee.

FOR INFORMATION ABOUT THE FILING AND PROCESSING OF THIS APPLICATION, CONTACT:

NYS Office of Court Administration Appointment Processing Unit
Phone: 212-428-2818 e-mail: part36@courts.state.ny.us

SUBMIT COMPLETED APPLICATION (WITH ATTACHMENTS) TO:

BY MAIL - Office of Court Administration, P.O. Box 3171, Church Street Station, New York, NY 10008
IN PERSON - Office of Court Administration, 25 Beaver Street, Room 840, New York, NY 10004

- This site is not compatible with Netscape, we apologize for the inconvenience -

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APPLICATION FOR APPOINTMENT PURSUANT TO PART 36 OF THE RULES OF THE CHIEF JUDGE

THIS IS AN ON-LINE APPLICATION. THE DATA YOU ENTER IN ITEMS 1-14 BELOW WILL BE TRANSFERRED ELECTRONICALLY TO THE OFFICE OF COURT ADMINISTRATION , BUT TO COMPLETE THE APPLICATION PROCESS, YOU MUST PRINT AND SIGN THE FORM AND MAIL IT TO OCA ALONG WITH ANY ATTACHMENTS. PLEASE FOLLOW THE SPECIFIC PRINTING INSTRUCTIONS INCLUDED IN THE ON-LINE SUCCESS MESSAGE YOU WILL RECEIVE AFTER PRESSING CONTINUE FOLLOWING ITEM 15.

NOTE: BEFORE YOU COMPLETE THE APPLICATION, PLEASE [CLICK HERE TO READ THE AFFIRMATION \(ITEM 15\)](#) TO DETERMINE IF YOU ARE QUALIFIED.

[Help](#)

1. NAME (IF NYS ATTORNEY, ENTER NAME USED FOR ATTORNEY REGISTRATION)

FIRST	MIDDLE	LAST	SUFFIX (Sr., Jr., III)

2. PRIOR NAME/S:

FIRST	MIDDLE	LAST	SUFFIX (Sr., Jr., III)

3. SOCIAL SECURITY NUMBER: _____

Social Security Numbers are required in order to administer the disbursement of moneys that may constitute taxable income. 42 U.S.C. § 405 (c)(2)(C)(i).

4. ATTORNEYS ADMITTED TO PRACTICE IN NEW YORK STATE:

A- ATTORNEY REGISTRATION #: _____ (See your biennial registration statement, or go to www.nycourts.gov - "Attorney Directory")

B- DATE / DEPARTMENT OF BAR ADMISSION - YEAR: _____ / DEPARTMENT: 1ST 2ND
3RD 4TH

C- ARE YOU CURRENT IN YOUR REGISTRATION WITH THE OFFICE OF COURT ADMINISTRATION? YES
NO

5. EMPLOYMENT:

CURRENT BUSINESS ADDRESS:
NAME OF EMPLOYER

--	--	--	--	--

STREET 1

CITY/TOWN/VILLAGE

STATE

ZIP

ZIP+4

		NY		
STREET 2				
PHONE	FAX	E-MAIL		
CHECK IF SELF EMPLOYED <input type="checkbox"/>		YEARS EMPLOYED <input type="text"/> (NEAREST WHOLE NUMBER)		

MOST RECENT PRIOR EMPLOYMENT (COMPLETE ONLY IF FEWER THAN 5 YEARS WITH CURRENT EMPLOYER):				NOT APPLICABLE <input type="checkbox"/>	
NAME OF EMPLOYER					
STREET 1	CITY/TOWN/VILLAGE	STATE	ZIP	ZIP+4	
		NY			
STREET 2					
PHONE	FAX	E-MAIL			
CHECK IF SELF EMPLOYED <input type="checkbox"/>		YEARS EMPLOYED <input type="text"/> (NEAREST WHOLE NUMBER)			

6. ADDRESS TO WHICH ALL NOTICES SHOULD BE SENT (IF DIFFERENT FROM CURRENT BUSINESS ADDRESS IN NO. 5):

BUSINESS NAME (IF ANY)					
STREET 1	CITY/TOWN/VILLAGE	STATE	ZIP	ZIP+4	
		NY			
STREET 2					
PHONE	FAX	E-MAIL			

7-A. CATEGORIES OF APPOINTMENT FOR WHICH CERTIFIED TRAINING IS REQUIRED:

(no application for these categories will be processed unless the required training has been completed)

- Choose the category or categories of appointment for which you are applying by checking the box next to the category.
- Enter the year of the certified training program for which you received a certificate of satisfactory completion **(For applications after June 1, 2003, training must not be more than two years before the date this application is submitted)**.
- Enter the full name of the organization that sponsored the training program (e.g., the name of a bar association, law school, nonprofit social agency, Surrogate's Court guardian ad litem training program or Appellate Division law guardian training program).
- Attorneys applying for appointment as guardian ad litem, law guardian (privately paid) and attorney for alleged incapacitated person must be current in their registration to practice law in New York State (see item 4).
- Indicate the number of times you served in the last 10 years for each category for which you are applying for appointment.
- You MAY also attach a resume of NO MORE THAN FOUR PAGES.

<input type="checkbox"/> a. GUARDIAN:	YEAR CERTIFIED TRAINING COMPLETED _____
FULL NAME OF SPONSOR ORGANIZATION: <input style="width: 100%;" type="text"/>	
FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>	
<input type="checkbox"/> b. GUARDIAN AD LITEM:	YEAR CERTIFIED TRAINING COMPLETED _____
FULL NAME OF SPONSOR ORGANIZATION: <input style="width: 100%;" type="text"/>	
FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>	
<input type="checkbox"/> c. LAW GUARDIAN (PRIVATELY PAID)*:	YEAR CERTIFIED TRAINING COMPLETED _____
* FOR APPOINTMENTS IN THE DEPARTMENTS OF THE APPELLATE DIVISION WHERE AUTHORIZED. (APPROVAL FOR PLACEMENT ON THIS LIST MUST BE OBTAINED FROM THE APPELLATE DIVISION. SEE INSTRUCTIONS)	
FULL NAME OF SPONSOR ORGANIZATION: <input style="width: 100%;" type="text"/>	
FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>	
<input type="checkbox"/> d. COURT EVALUATOR:	YEAR CERTIFIED TRAINING COMPLETED _____
FULL NAME OF SPONSOR ORGANIZATION: <input style="width: 100%;" type="text"/>	
FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>	
<input type="checkbox"/> e. ATTORNEY FOR ALLEGED INCAPACITATED PERSON:	YEAR CERTIFIED TRAINING COMPLETED _____
FULL NAME OF SPONSOR ORGANIZATION: <input style="width: 100%;" type="text"/>	
FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>	
<input type="checkbox"/> f. COURT EXAMINER:	YEAR CERTIFIED TRAINING COMPLETED _____
(Approval for placement on this list must be obtained from the Appellate Division. See Instructions)	
FULL NAME OF SPONSOR ORGANIZATION: <input style="width: 100%;" type="text"/>	
FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>	
<input type="checkbox"/> g. SUPPLEMENTAL NEEDS TRUSTEE:	YEAR CERTIFIED TRAINING COMPLETED _____
FULL NAME OF SPONSOR ORGANIZATION: <input style="width: 100%;" type="text"/>	
FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>	
<input type="checkbox"/> h. RECEIVER:	YEAR CERTIFIED TRAINING COMPLETED _____

FULL NAME OF SPONSOR ORGANIZATION:

FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE 1-10 TIMES MORE THAN 10 TIMES

7-B. CATEGORIES OF APPOINTMENT FOR WHICH CERTIFIED TRAINING IS NOT REQUIRED:

- Choose the category or categories of appointment for which you are applying by checking the box next to the category.
- In order to apply in the following categories, **you MUST attach a resume** of NO MORE THAN FOUR PAGES, which shall include information of government-issued licenses and certificates issued by professional schools or organizations.
- Attorneys applying for appointment as counsel to guardian or counsel to receiver must be current in their registration to practice law in New York State (see item 4).
- Indicate the number of times you served in the last ten years for each category for which you are applying for appointment.

<input type="checkbox"/> i. COUNSEL TO RECEIVER:	FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>
<input type="checkbox"/> j. COUNSEL TO GUARDIAN:	FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>
<input type="checkbox"/> k. ACCOUNTANT:	FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>
<input type="checkbox"/> l. AUCTIONEER:	FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>
<input type="checkbox"/> m. APPRAISER:	FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>
<input type="checkbox"/> n. PROPERTY MANAGER:	FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>
<input type="checkbox"/> o. REAL ESTATE BROKER:	FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>
<input type="checkbox"/> p. REFEREE (EXCEPT SPECIAL MASTER OR REFEREE OTHERWISE PERFORMING JUDICIAL FUNCTIONS IN A QUASI-JUDICIAL CAPACITY):	FREQUENCY OF SERVICE IN THE LAST 10 YEARS: NONE <input type="radio"/> 1-10 TIMES <input type="radio"/> MORE THAN 10 TIMES <input type="radio"/>

8. COUNTY/COUNTIES IN WHICH YOU ARE AVAILABLE FOR APPOINTMENT: (CLICK THE ? TO SELECT A COUNTY)

A- <input type="checkbox"/> ?	<input type="text"/>	B- <input type="checkbox"/> ?	<input type="text"/>
C- <input type="checkbox"/> ?	<input type="text"/>	D- <input type="checkbox"/> ?	<input type="text"/>
E- <input type="checkbox"/> ?	<input type="text"/>	F- <input type="checkbox"/> ?	<input type="text"/>
G- <input type="checkbox"/> ?	<input type="text"/>	H- <input type="checkbox"/> ?	<input type="text"/>

9. FOREIGN LANGUAGES SPOKEN FLUENTLY: (CLICK THE ? TO SELECT A LANGUAGE)

**** FILL IN SHADED AREA ONLY IF CODE IS 99-OTHER**

A-	?	
B-	?	
C-	?	
D-	?	

10. ACADEMIC DEGREES AWARDED: (CLICK THE ? TO SELECT A DEGREE)

**** FILL IN SHADED AREA ONLY IF CODE IS 99-OTHER**

A-	?	
B-	?	
C-	?	
D-	?	

11. ATTORNEYS ADMITTED TO PRACTICE OUTSIDE NEW YORK STATE:

JURISDICTION OF ADMISSION	YEAR OF ADMISSION	ACTIVE STATUS:	
		YES	NO
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>

12. AREAS OF SPECIAL INTEREST OF ATTORNEYS ADMITTED TO PRACTICE IN NEW YORK OR ANOTHER JURISDICTION:

(CLICK THE ? TO SELECT A SPECIALIZATION)

**** FILL IN SHADED AREA ONLY IF CODE IS 99-OTHER**

A-	?	
B-	?	
C-	?	
D-	?	

13. PROFESSIONS OR OCCUPATIONS OTHER THAN ATTORNEYS: (CLICK THE ? TO SELECT A PROFESSION OR OCCUPATION)

PROFESSION OR OCCUPATION:	LICENSING ENTITY:	YEAR LICENSE FIRST ISSUED:	ACTIVE STATUS:	
			YES	NO

**** FILL IN SHADED AREA ONLY IF CODE IS 99-OTHER**

A-	?				<input type="radio"/>	<input type="radio"/>
B-	?				<input type="radio"/>	<input type="radio"/>
C-	?				<input type="radio"/>	<input type="radio"/>
D-	?				<input type="radio"/>	<input type="radio"/>

14. PERSONAL BACKGROUND:

HAVE YOU EVER BEEN, OR ARE PROCEEDINGS PENDING IN WHICH YOU MAY BE,

- a. proceedings)? YES NO
- b. denied a professional or occupational license, or been censured by a licensing authority or had an occupational or professional license revoked or suspended? YES NO
- c. held in contempt of court? YES NO
- d. found civilly liable in an action involving fraud, misrepresentation, theft or conversion? YES NO
- e. discharged in bankruptcy? YES NO
- f. found liable for unpaid money judgments, liens or judgments of foreclosure? YES NO
- g. found liable for civil penalties for unpaid taxes? YES NO
- h. in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency? YES NO
- i. removed as a fiduciary by a court of competent jurisdiction for misconduct? YES NO
- j. in forfeiture of a bond? YES NO
- k. found to have committed an ethical violation as a member of a judicial, executive or legislative branch of government? YES NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, YOU MUST ATTACH A SEPARATE SHEET OF PAPER AND EXPLAIN YOUR ANSWER IN DETAIL, GIVING ALL RELEVANT DATES.

15.AFFIRMATION: ([CLICK HERE TO VIEW](#))

I AFFIRM, UNDER PENALTY OF PERJURY:

- All statements contained in this application are true and accurate to the best of my knowledge;
- I have read Part 36 of the Rules of the Chief Judge (22 NYCRR), and the Explanatory Note, attached to this application;
- I have fulfilled the training requirements for each category of appointment for which I am applying (see 7-A of the application) and have retained a certificate of satisfactory completion for each training program I am required to attend, and
- I am **QUALIFIED** to file this application, because **I AM NOT**:
 - a. a full-time or a part-time judge or housing judge of the Unified Court System or a relative of, or related by marriage to, a full-time or a part-time judge or housing judge of the Unified Court System within the fourth degree of relationship (Town and Village judges are judges of the Unified Court System);
 - b. a full-time or part-time employee of the Unified Court System;
 - c. the spouse, brother/sister, parent or child of a full-time or part-time employee of the Unified Court System at or above salary grade JG24, or its equivalent: 1) employed in a judicial district in which I am applying for appointment or 2) with statewide responsibilities;
 - d. a person who currently serves, or has served within the last two years (commencing January 1, 2003), as chair, executive director, or the equivalent, of a state or county political party; the spouse, brother/sister, parent or child of such political party official; or a member, associate, counsel or employee of a law firm or entity with which such political party official is currently associated;
 - e. a former judge or housing judge of the Unified Court System who left office within the last two years (commencing January 1, 2003) and who is applying for appointment within the jurisdiction of prior judicial service, as defined by section 36.2(c)(5) of the Rules of the Chief Judge, or the spouse, brother/sister, parent or child of such former judge;
 - f. a judicial hearing officer pursuant to Part 122 of the Rules of the Chief Administrator who is applying for appointment in a particular court in which I serve on a judicial hearing officer panel;
 - g. an attorney currently disbarred or suspended from the practice of law by any jurisdiction;
 - h. a person convicted of a felony for which no certificate of relief from disabilities has been received;
 - i. a person convicted of a misdemeanor for which sentence was imposed within the last five years and for which no certificate of relief from disabilities, or waiver by the Chief Administrator of the Courts, has been received;
 - j. a person who has been removed from an appointment list of the Chief Administrator of the Courts for unsatisfactory performance or conduct incompatible with appointment.

I Qualify, Continue

I do not Qualify, Cancel

Instructions To Amend The UCS 870

Application for Appointment Pursuant to Part 36

TO AMEND THE CATEGORIES OR COUNTIES OF ENROLLMENT:

- Send an e-mail to part36@courts.state.ny.us or
- Send a fax to (212) 428-2819 or
- Write to OCA at the address listed below.

Include the following information:

- Your full name
- Your Fiduciary ID Number (FID#)
- The first five digits of your Social Security Number

A link to (or copy of) your application will be sent to you by return e-mail (or fax or mail) along with a copy of your receipt. Please print both and make the changes, additions or deletions in ink on the application and receipt. Sign and date each, attach any required documentation (e.g. resume), and mail to:

Office of Court Administration
P.O. Box 3171
Church Street Station
New York, NY 10008

TO AMEND YOUR NAME, ADDRESS OR OTHER CONTACT INFORMATION

Send an e-mail to part36@courts.state.ny.us with your changes, or

- Send a fax to (212) 428-2819 with your changes

Include the following information:

- Your full name
- Your Fiduciary ID Number (FID#)
- The first five digits of your Social Security Number

You may also mail a copy of your receipt with the changes marked in ink to:

Office of Court Administration
P.O. Box 3171
Church Street Station
New York, NY 10008