THE COURT OF COMMON PLEAS OF YORK COUNTY. PENNSYLVANIA
CONFLICT PANEL APPLICATION

Last Name First Name Middle Initial

Street Address City State Zip Code

Home Phone Number Work Phone Number Cell Phone Number E-Mail

Best time to contact:

☐ Morning ☐ Afternoon
☐ Evening

At: ☐ Home ☐ Work ☐ Cell

Bar Memberships:

Year admitted Current: Y ☐ N ☐

Year admitted Current: Y ☐ N ☐

Year admitted Current: Y ☐ N ☐

Current member of the York County Bar Association? Y ☐ N ☐

Background:

Do you have experience in the area of criminal practice? Y ☐ N ☐ Adult? Y ☐ N ☐ Juvenile? Y ☐ N ☐

Do you have experience in the area of juvenile dependency? Y ☐ N ☐

Have you ever been appointed as Conflicts Counsel ? Y ☐ N ☐

If you answered "yes" to any of the above questions please give a more detailed explanation of your experiences regarding criminal practice, juvenile or dependency. If you have been appointed in the past, give a detailed explanation including the number of pending cases you have, if any. Please attach a separate sheet with explanation. A current copy of your Professional Liability Insurance is required with this application. You may submit a current resume as well.

Current Employment:

Name of Current Employer

Years Employed Type of Law Practiced

Name of Supervisor Contact Phone Number

May we contact? Y ☐ N ☐

References:

Name Contact Phone Number

Name Contact Phone Number

Name Contact Phone Number

Signature Date Supreme Court ID #