

LAWYER REFERRAL SERVICE

321 S. Plymouth Ct.
Chicago, IL 60604
(312) 554-2000

JUVENILE COURT BAR ATTORNEY PROGRAM APPLICATION

JUVENILE COURT BAR ATTORNEY PROGRAM APPLICATION PREREQUISITES

- A. Member in good standing of the Illinois Bar.
- B. Completion of accurate application for admission to the Program
- C. Acceptance by screening panel.
- D. Agreement in writing to comply with the Regulations and Rules of the Program, the Code of Professional Conduct of the Illinois Supreme Court, and the Rules of the Circuit Court.
- E. Malpractice insurance. A copy of the Declarations Page must be attached to the application.
- F. Completion of right to privacy waiver.
- G. Acceptance by the screening panel of the application is subject to the approval of the Presiding Judge of the Juvenile Division of the Circuit Court of Cook County.

THIS APPLICATION WILL BE REVIEWED BY A COMMITTEE OF ATTORNEYS. THE COMMITTEE GENERALLY WILL REQUIRE FIVE (5) YEARS' PRACTICE BEFORE THE BAR WITH EMPHASIS IN JUVENILE DELINQUENCY AND/OR ABUSE AND NEGLECT LAW, INCLUDING BENCH AND/OR JURY TRIAL EXPERIENCE. YOUR FAILURE TO FULLY AND ACCURATELY FILL OUT THE APPLICATION WILL ELIMINATE YOU FROM CONSIDERATION.

NAME:

First: MI Last:

**If you have practiced law under any other name, please list here:*

BUSINESS ADDRESS:

Number: Street:

Suite: City: Zipcode:

Business Phone: *(type numbers only, field will format automatically)*

Fax:

E-mail:

Web Address:

HOME ADDRESS:

Number: Street:

Suite: City: Zipcode:

Home Phone: *(type numbers only, field will format automatically)*

BIRTHDATE:

Date Admitted to Illinois Bar Month: Year:

Admitted to Federal Trial Bar? Month: Year:

Illinois Attorney Registration Number:

Law School(s) Attended:

Date of Degree:

State the name of any public office or offices in which you have served, your title and assignments there, and the dates of your service. Please be specific as to length of time in various assignments and give the names of supervisors during those periods of time.

List any other work experience which you have had outside the field of law which may be relevant to this application, such as social work experience.

Name three lawyers who practice primarily in the field of juvenile or child protection law as general references. (List their full names, addresses and office phone numbers.) You may not include relatives, present or former firm members or present or former office associates.

1. Name
Address
Office Phone

2. Name
Address
Office Phone

3. Name
Address
Office Phone

Has any complaint ever been filed against you with The Chicago Bar Association or the Illinois Supreme Court Attorney Registration and Disciplinary Commission? *(If more space is required please attach a separate sheet)*

- **Please attach the cover sheet of your malpractice policy showing your name, policy number, and dates of coverage. We cannot process your application without this information.**
- **Please attach a photocopy of your current Attorney Registration and Disciplinary Commission card.**

Give a brief history of your legal career, in inverse chronological order, beginning with your current practice:

Period (by year) Firm

Status in Firm Number of Attorneys

Type of Practice

Period (by year) Firm
Status in Firm Number of Attorneys
Type of Practice

Period (by year) Firm
Status in Firm Number of Attorneys
Type of Practice

Approximately what percentage of your time since being admitted to the Bar has been spent in: (give a % for each)

Trial work in criminal courts	<input type="text"/>	Trial work in neglect	<input type="text"/>
Trial work in traffic courts	<input type="text"/>	Trial work in other courts	<input type="text"/>
Trial work in juvenile delinquency	<input type="text"/>	Other work (List type and percentage)	<input type="text"/>

Approximately how many cases have you personally tried through to judgment in each of the following designated areas of practice since being admitted to the Bar? (DO NOT INCLUDE PLEAS OF GUILTY.)

Temporary Custody Hearings	<input type="text"/>	Misdemeanor Jury Trials	<input type="text"/>
Abuse & Neglect Adjudicatory Hearings	<input type="text"/>	Misdemeanor Bench Trials	<input type="text"/>
Juvenile Delinquency Adjudicatory Hearings	<input type="text"/>	Traffic Jury Trials	<input type="text"/>
Termination of Parental Rights Hearings	<input type="text"/>	Traffic Bench Trials	<input type="text"/>
Felony Jury Trials	<input type="text"/>	Civil Jury Trials	<input type="text"/>
Felony Bench Trials	<input type="text"/>	Civil Bench Trials	<input type="text"/>

What foreign language(s) do you speak?

Give the most recent name and docket no. and your opponent's name and phone no. and judge's name for five felony jury trials; five felony bench trials; five misdemeanor trials, bench or jury; five temporary custody hearings; five abuse and neglect trials; and five delinquency trials, which you personally tried through to judgment. Do not list pleas of guilty - only trials. We know this information is oftentimes difficult to locate, but it is imperative that you search your dockets and case files to locate this information in order for us to properly process your application.

FELONY JURY TRIALS

1.
Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name: Phone:

Judge's Name: Location of Court:

2.
Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name: Phone:

Judge's Name: Location of Court:

3.
Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name: Phone:

Judge's Name: Location of Court:

4.
Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name: Phone:

Judge's Name: Location of Court:

5.
Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name: Phone:

Judge's Name: Location of Court:

FELONY BENCH TRIALS

1.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

2.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

3.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

4.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

5.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

MISDEMEANOR TRIALS (Bench or Jury)

1.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

2.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

3.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

4.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

5.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

ABUSE & NEGLECT TEMPORARY CUSTODY HEARINGS

1.
Case Title, No. and Charge
Aprox. Date of Verdict
OPPOSING COUNSEL Name: Phone:
Judge's Name: Location of Court:

2.
Case Title, No. and Charge
Aprox. Date of Verdict
OPPOSING COUNSEL Name: Phone:
Judge's Name: Location of Court:

3.
Case Title, No. and Charge
Aprox. Date of Verdict
OPPOSING COUNSEL Name: Phone:
Judge's Name: Location of Court:

4.
Case Title, No. and Charge
Aprox. Date of Verdict
OPPOSING COUNSEL Name: Phone:
Judge's Name: Location of Court:

5.
Case Title, No. and Charge
Aprox. Date of Verdict
OPPOSING COUNSEL Name: Phone:
Judge's Name: Location of Court:

ABUSE & NEGELCT TEMPORARY ADJUDICATORY HEARINGS

1.
Case Title, No. and Charge
Aprox. Date of Verdict
OPPOSING COUNSEL Name: Phone:
Judge's Name: Location of Court:

2.
Case Title, No. and Charge
Aprox. Date of Verdict
OPPOSING COUNSEL Name: Phone:
Judge's Name: Location of Court:

3.
Case Title, No. and Charge
Aprox. Date of Verdict
OPPOSING COUNSEL Name: Phone:
Judge's Name: Location of Court:

4.
Case Title, No. and Charge
Aprox. Date of Verdict
OPPOSING COUNSEL Name: Phone:
Judge's Name: Location of Court:

5.
Case Title, No. and Charge
Aprox. Date of Verdict
OPPOSING COUNSEL Name: Phone:
Judge's Name: Location of Court:

JUVENILE DELIQUENCY ADJUDICATORY HEARINGS

1.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

2.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

3.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

4.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

5.

Case Title, No. and Charge

Aprox. Date of Verdict

OPPOSING COUNSEL Name:

Phone:

Judge's Name:

Location of Court:

List all legal seminars or other such activities in the nature of continuing legal education that you have attended in the past five years, stating as to each the date, sponsoring organization, and subject matter

The undersigned represents that the information herein contained is true and accurate and may be furnished to the public. I understand that this application is subject to approval by The Chicago Bar Association and that my participation in the Juvenile Court Bar Attorney Program is a privilege and not a matter of right. I further understand that this privilege may be suspended or revoked at any time. The decision of The Chicago Bar Association as to my acceptance and continuing participation in this Program is final, provided that I may withdraw from the Program at any time by written notice to the Association. I hereby authorize the Illinois Supreme Court Attorney Registration and Disciplinary Commission to furnish The Chicago Bar Association with information concerning inquiries filed against me with its office and to advise the Association if I am a member of the Bar of Illinois in good standing. I will, in no event, hold The Chicago Bar Association or any officer or employee thereof or any member of its Board of Managers or any Committee to any liability whatever in connection with the Program. I further agree to hold harmless The Chicago Bar Association and its officers, employees and members of its Board of Managers or any Committee from any liability arising out of my representation of clients pursuant to this Program. I further agree to abide by the Rules of the Juvenile Court Bar Attorney Program as now in existence and as may from time to time be amended, as well as the Code of Professional Conduct of the Illinois Supreme Court and the Rules of the Circuit Court. I hereby acknowledge that I have received a copy of the Rules of the Program.

APPLICANT'S SIGNATURE _____

DATE: _____

ARDC NUMBER _____

**Return completed application to
VANESSA WILLIAMS
In-Court Program Administrator
The Chicago Bar Association
321 South Plymouth Court
Chicago, IL 60604-3997
Phone 312/554-2072**

**JUVENILE COURT\
RULES/INSTRUCTIONS FOR BAR ATTORNEYS**

One Bar attorney is presently being scheduled for Juvenile Court each day, Monday through Friday. The following procedures must be followed:

1. Upon arrival on your assigned day, please personally check in with the secretary in Room C016. Arrive prior to 8:30 a.m., and be prepared to accept clients at 8:30 a.m. Plan to stay until 4:00 p.m.
2. C014 is the designated Bar Attorney's Office and you may leave your belongings in that room. Each Bar Attorney has a mailbox in C014, which you should check regularly. You may use it to distribute information to other attorneys in the program.
3. Orders of appointment will be made by the secretary in C016 in the order in which they are received from the courtrooms, and will be issued alternately to the bar attorneys of the day. Please check in between assignments to pick up additional appointments, and please check in and out at lunch time.
4. You are responsible for getting copies of all appointment orders before you leave for the day. If C016 is locked when you leave, please call the secretary at 312/433-4712 the following day to request copies of all of your orders of appointment.
5. If you are unable to make your scheduled date, please call Vanessa Williams immediately at 312/554-2072. **FAILURE TO APPEAR ON YOUR ASSIGNED DAY WITHOUT AN EXPLANATION WILL RESULT IN YOUR BEING DROPPED FROM THE PROGRAM.**
6. You must accept any appointment made, except for reasons of serious conflict.
7. You may neither request nor accept fees from any client.
8. Try not to schedule any trials or hearings in the Juvenile/Child Protection Division for the same date as your bar date.
9. As the attorney of record, you must personally attend all court appearances, including permanency hearings. You may not substitute anyone in your place.
10. All attorneys in the Program shall be required to take six (6) hours of continuing legal education per year concerning child protection and juvenile justice issues. Failure to do so, except for good reason, will result in your removal from the Program.

BADGES: Please return the bar attorney badge at the end of the day to the secretary in C016 or leave it in the mailbox outside of C016.

Rev. 5/00