



# CRIMINAL LAW CLINIC

SEMESTER/YEAR \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Year: \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 Division: \_\_\_\_\_ FTD \_\_\_\_\_ PTD \_\_\_\_\_ PTE

Semesters completed \_\_\_\_\_ and credits earned \_\_\_\_\_ as of \_\_\_\_\_

List choices (1 {highest} to 4 {lowest}) in order of preference:

- |   |  |
|---|--|
| _____ Civil Practice Clinic                 | _____ Civil Rights Litigation Clinic       |
| _____ Criminal Law Clinic                   | _____ Elder Law Clinic                     |
| _____ Family Law Clinic                     | _____ Judicial Clerkship Clinic            |
| _____ International Human Rights Clinic     | _____ Nassau/Suffolk Law Services Rotation |
| _____ Not-for-Profit Corporation Law Clinic | _____ U.S. Attorney's Office Rotation      |

Attach a **separate sheet** with your answers to the following six questions.

1. Why do you want to be in a clinic/rotation?
2. Why do you want to be in this clinic/rotation?
3. Describe your work experience, whether or not law-related or for pay.
4. List the courses you are taking in the current semester.
5. List the courses you will be taking during the semester if you are able to participate in this clinic.
6. Have you ever been convicted of a crime, been a defendant in a criminal proceeding, or is there some other circumstance in your background which, in candor, should be disclosed, because it might cause difficulty or embarrassment to the D.A.'s Office or Defender's Office with which you are placed, if the information were to come to light? Please explain in detail. These facts will not necessarily disqualify you, but we must be able to evaluate them and consult with your placement supervisor, if appropriate.

Please answer the questions above and return the completed forms in an envelope, along with all supporting documents, to the Clinic Office, Room 202.

I authorize the release of my law school transcript to the Director of Clinical Education and to the faculty member teaching this course.

Signed \_\_\_\_\_

# CRIMINAL LAW PREFERENCE FORM

SEMESTER/YEAR \_\_\_\_\_ / \_\_\_\_\_

Relevant courses taken:

- Criminal Law II
- Criminal Procedure
- Evidence
- Professional Responsibility
- Selected Topics in Criminal Justice
- Selected Topics in Criminal Procedure

List any other relevant courses:

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## Placement preferences

Indicate your choices (1 {highest} to 5 {lowest}) in order of preference

- \_\_\_\_\_ Suffolk District Attorney
- \_\_\_\_\_ Suffolk Legal Aid
- \_\_\_\_\_ Nassau District Attorney
- \_\_\_\_\_ Nassau Legal Aid
- \_\_\_\_\_ Queens District Attorney
- \_\_\_\_\_ Queens Legal Aid
- \_\_\_\_\_ Brooklyn District Attorney
- \_\_\_\_\_ Brooklyn Legal Aid
- \_\_\_\_\_ Manhattan District Attorney
- \_\_\_\_\_ Manhattan Legal Aid
- \_\_\_\_\_ Bronx District Attorney
- \_\_\_\_\_ Bronx Legal Aid
- \_\_\_\_\_ Staten Island District Attorney
- \_\_\_\_\_ Staten Island Legal Aid
- \_\_\_\_\_ Other \_\_\_\_\_

Preference question:

On a **separate sheet**, please explain why you have selected the placements you indicated above. Specifically, indicate your reasons for preferring [1] certain geographical locations and [2] a prosecution or defense office. Please feel free to add other information you think would be relevant or helpful.