

# Part 1 ILS-195 and UCS-195 Draft

## General Instructions

Beginning in 2019, each provider of mandated representation must file an annual report with the Office of Indigent Legal Services (ILS) pursuant to New York County Law §722-f. Providers will fulfill this requirement through submission of a new form known as the ILS-195. The form will be rolled out in stages between the years 2019 and 2022 pursuant to a timeline published by ILS which can be viewed here (<https://www.ils.ny.gov/content/annual-data-reporting>). This year, you will fill out Part 1 of the ILS-195 and Sections 1-4 of the UCS-195.

Next to each question in the form, you will find an 'Instructions & Definitions' link containing information on the data that are being requested. We ask that you consult these instructions and definitions while filling out the form, and contact ILS with any outstanding questions. There are also hyperlinks to additional resources (<https://www.ils.ny.gov/content/annual-data-reporting>) included in every question throughout the form for your reference. Note that as you are filling out the form, you are able to click 'Save Answers and Continue Later' at the bottom of each page if you need to come back to the form at another time. In that case, you will be prompted to enter your email address. Please do so and select "Continue". You will then receive an email with a new link. Use that new link to return to where you left off. Before submitting the form, you may choose to print your responses. Please note that the printout will only show questions for which an answer was provided.

Every provider of representation must file a separate submission. A 'provider' of representation is a public defender office, conflict defender office, legal aid society, assigned counsel program, or any other office, firm, individual, or entity that provides representation to persons financially unable to afford counsel in criminal or Family Court cases as defined in NY County Law 18-b. We consider assigned counsel 'providers' to exist in counties even where no formal administration exists and judges assign counsel ad hoc. Except in New York City, we consider providers to be specific to a county. Where a single organization supplies representation in multiple counties, separate forms must be submitted for services.

(sometimes called a regional program), separate forms must be submitted for services provided by that organization in each county respectively. Where one person or entity oversees two or more providers according to this definition (as, for example, where public defender offices oversee assigned counsel systems) separate reports must be submitted for each provider.

All questions refer to the most recent calendar year (January 1 – December 31), and must be supplied prior to the reporting deadline (April 1 following the year in question).

Data submitted on this form should be consistent both with the instructions and definitions included in the form, and with ILS' *Definitions for Reporting Counts of Criminal Cases to the Office of Indigent Legal Services*. . Note that prior to submitting the form, the provider must certify that the data are accurate and conform to all relevant definitions. Providers must also certify that the data have been reviewed by the county's Data Officer. The Data Officer is the person nominated by the county to oversee and assure the accuracy and consistency of data submitted to ILS.

Please refer to the instructions and definitions when completing this form.  
Throughout, 'last year' refers to the period January 1-December 31.  
The reporting deadline is April 1.

Please enter the following information for your provider.

\* County/City

-- Select --



\* Provider: \*INSTRUCTIONS & DEFINITIONS\*

\* Your Name:

\* Your Street Address:

\* City:

\* Zip Code:

\* Your Phone Number:  
(No hyphens or dashes)

\* Your Email Address:

\* Is this **provider** an **institutional provider**, or **assigned counsel**? \*INSTRUCTIONS & DEFINITIONS\*

Institutional provider

Assigned counsel

\* Is this **provider** notified of all **new cases opened** at the time of opening? \*INSTRUCTIONS & DEFINITIONS\*

Yes

No

1.

## PART 1

The information requested in this Part must be reported for 2019 and every year thereafter.

The deadline for submission of 2019 information is April 1, 2020.

\* 2. 1. How many **individuals** were on **staff** at this **provider** on July 1 of last year in the following categories?

Please respond with numbers only. Decimal points are not allowed. A blank entry will result in an error message--please enter '0' where applicable.

ADDITIONAL RESOURCES (<https://www.ils.ny.gov/content/annual-data-reporting>) | INSTRUCTIONS & DEFINITIONS

Attorneys

Investigators

Social workers

Other staff

TOTAL

Individuals

\* 3. Of the **attorneys** on **staff** on July 1 of last year, how many **supervised** the work of others?

Please respond with numbers only. Decimal points are not allowed. A blank entry will result in an error message--please enter '0' where applicable.

ADDITIONAL RESOURCES (<https://www.ils.ny.gov/content/annual-data-reporting>) | INSTRUCTIONS & DEFINITIONS

\* 4. How many hours is a **'full-time'** employee required to work weekly in this **provider?** (e.g. 37.5)

Please respond with numbers only. Decimal points are allowed. A blank entry will result in an error message-- please enter '0' where applicable.

ADDITIONAL RESOURCES (<https://www.ils.ny.gov/content/annual-data-reporting>) | INSTRUCTIONS & DEFINITIONS

\* 5. How many **full-time equivalent (FTE) staff** were employed by this **provider** on July 1 of last year?

Please respond with numbers only. Decimal points are allowed. A blank entry will result in an error message-- please enter '0' where applicable.

ADDITIONAL RESOURCES (<https://www.ils.ny.gov/content/annual-data-reporting>) | INSTRUCTIONS & DEFINITIONS

	Attorneys	Investigators	Social workers	Other staff	TOTAL
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FTEs

\* 6. Of the **FTEs** reported in the previous question, how many work on **criminal** representation, and how many on **family** representation, whether at the trial or appellate level?

Please respond with numbers only. Decimal points are allowed. A blank entry will result in an error message-- please enter '0' where applicable. Note that the values presented in the 'total' bottom row are populated automatically based on your previous answers. If the totals presented seem incorrect, please review your answers to previous questions and/or provide an explanation below.

ADDITIONAL RESOURCES (<https://www.ils.ny.gov/content/annual-data-reporting>) | INSTRUCTIONS & DEFINITIONS

	Attorneys	Investigators	Social workers	Other staff	TOTAL
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Criminal

Family

TOTAL

\* 7. Please report the **provider's total expenditures on personal services (PS)** last year.

Please respond with numbers only--no letters, commas, or special characters (including dollar signs and dashes). Decimal points are allowed. A blank entry will result in an error message--please enter '0' where applicable.

ADDITIONAL RESOURCES (<https://www.ils.ny.gov/content/annual-data-reporting>)| INSTRUCTIONS & DEFINITIONS

Attorneys	Investigators	Social workers	Other staff	TOTAL
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PS expenditures

\* 8. Please report the **provider's total expenditures on all other than personal services (OTPS)** items last year.

We ask that you break out contractual expenditures for attorneys, investigators, social workers, expert witnesses, and other persons. Non-contractual OTPS (e.g. items such as equipment, rent, or travel) should be reported under 'All other OTPS'. Assigned counsel providers should report all payments to attorneys under 'attorneys' in this question.

Please respond with numbers only--no letters, commas, or special characters (including dollar signs and dashes). Decimal points are allowed. A blank entry will result in an error message--please enter '0' where applicable.

ADDITIONAL RESOURCES (<https://www.ils.ny.gov/content/annual-data-reporting>)| INSTRUCTIONS & DEFINITIONS

Attorneys	Investigators	Social workers	Expert witnesses	Other persons	All other OTPS	TOTAL
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OTPS expenditures

\* 9. Of the **OTPS expenditures** reported in the previous question, how much was dedicated to **criminal** representation, and how much to **family** representation, whether at the trial or appellate levels?

Please only enter numbers in the first five columns. You cannot enter data in the 'All Other OTPS' and 'TOTAL' columns. These boxes will automatically show a "-". Please respond with numbers only--no letters, commas, or special characters (including dollar signs and dashes). Decimal points are allowed. A blank entry will result in an error message--please enter '0' where applicable. Note that the values presented in the 'total' bottom row are populated automatically based on your previous answers. If the totals presented seem incorrect, please review your answers to previous questions and/or provide an explanation below.

ADDITIONAL RESOURCES (<https://www.ils.ny.gov/content/annual-data-reporting>) | INSTRUCTIONS & DEFINITIONS

	Attorneys	Investigators	Social workers	Expert witnesses	Other persons	All other OTPS	TOTAL
Criminal							
Family							
TOTAL							

\* 10. Please report the total of any **other expenditures** for this **provider** last year not reported above. Please respond with numbers only--no letters, commas, or special characters (including dollar signs and dashes). Decimal points are allowed. A blank entry will result in an error message--please enter '0' where applicable.

11. Total **expenditures** for this **provider**:

Note that the value presented here is calculated automatically based on your previous answers. If this value seems incorrect, please review your answers to previous questions and/or provide an explanation below.

\$ .00

\* 12. How many **attorneys** were paid over the past year for work in **criminal** and **family** court cases respectively?

Please respond with numbers only. Decimal points are not allowed. A blank entry will result in an error message--please enter '0' where applicable. ADDITIONAL RESOURCES (<https://www.ils.ny.gov/content/annual-data-reporting>)| INSTRUCTIONS & DEFINITIONS

Number of attorneys

Criminal cases

Family court cases

13. Is there anything else you'd like us to know about the information submitted in this Part? This question is *optional*.

Providers may wish to report information which helps put their answers to prior questions in context. Examples include unique circumstances which explain unusually high or low staffing numbers, or the provision of holistic services to providers resulting in personal services expenditures on 'other staff'.

14. Are there any documents you would like to share with us in addition to the information submitted in Part 1? If so, please upload here. This question is *optional*.

**Drag your file here**

Or, If you prefer

Browse

15.



**Instructions** for filling out the form

The data in items I through IV are to be based on the number of defendants. If there are multiple charges in one case, use the most serious one. If, however, a defendant had multiple cases arising out of unrelated incidents, record them as if they were for separate defendants.

I.

Total number of defendants referred for all matters: Record the total number of defendants referred to your office for representation. Include cases referred solely for hearings on violations of probation or parole and for extradition. Completion of the Family Court column is optional. That column is provided for those offices in which there are not separate attorney panels for Family Court and for which operation costs cannot be separated for criminal courts.

II.

Court dispositions - trial level: Record the number of defendants whose cases were disposed by a trial court. Record ACDs when granted. Include no bills, transfers to Family Court by a criminal court if your office will no longer provide counsel, and transfers to other jurisdictions. Do not include violations of probation or parole hearings. If the disposition is a guilty plea or conviction after trial, record it at the time of conviction only and not at the time of sentencing. Record all dispositions, regardless of the year referred, in the same column used for Item I.

Court dispositions - appellate level: Record the number of defendants whose appeals were disposed by an appellate court. Include affirmed, reversed and sentence modified. Do not include dismissals of appeals or appeals on trial court motion decisions. Record all dispositions, regardless of the year referred, in the same column used for Item I. NOTE: A defendant should be counted once at the trial court level and once at the appellate level if his/her case was disposed at both levels.

Court dispositions - total: This line is the sum of court dispositions at the trial and appellate levels. The number will be automatically computed by the form based on the data you enter.

III.

Defendants not represented after referral or for whom representation was discontinued: Record the number of defendants who were not represented or for whom representation was discontinued before final disposition by the court.

Defendants pending on December 31st: Record the number of defendants whose cases were pending disposition in the trial and appellate courts on December 31st, regardless of the year referred.

16. I. Total number of defendants referred for all matters:

	Criminal Courts Homicide	Criminal Courts Other Felonies	Criminal Courts Viol, Misd, Other	<b>Criminal Courts TOTAL</b>
Defendants Referred				

17. II. Court Dispositions:

	Criminal Courts Homicide	Criminal Courts Other Felonies	Criminal Courts Viol, Misd, Other	<b>Criminal Courts TOTAL</b>
Trial Level - Trial Completed				
Trial Level - Other Dispositions				
Appellate Level				
<b>TOTAL Dispositions</b>				

18.

19. III. Defendants not represented after referral or for whom representation was discontinued:

	Number of Defendants
1. Abated	
2. Absconded	
3. Conflict of Interest	
4. Lack of Cooperation	
5. Mental Institution	
6. Not Indigent	
7. Retained Private Counsel	
8. Transferred to Family Court	
9. Other	

20.

21. IV. Defendants pending on December 31st

	Number of Defendants Pending
A. Trial Level	
B. Appellate Level	
<b>C. TOTAL</b>	