

CRIMINAL JUSTICE & PUBLIC SAFETY COMMITTEE
PUBLIC DEFENDER
AGENDA
May 24, 2017

Committee Members: Supervisors Montesi, Geraghty, Brock, Simpson, Vanselow, Braymer, Seeber, MacDonald

- I. Committee meeting called to order by Chairman
- II. Motion to approve the minutes of the prior meeting
- III. Action Agenda/New Business Items:
 1. Request: to request to create and fill and new 8th Assistant Public Defender position. This position will be fully funded by and OILS grant.
 2. Request: to fill future vacancy of 1st Assistant Public Defender position.
 3. Request: to fill future vacancy of OILS grant funded secretary.
 4. Request: to submit extensions on grants expiring this year.
 5. Request: to authorize travel to NYSDA annual meeting and conference for all attorneys.
 6. Updates from the OILS meetings from 5/2/2017 and 5/10/2017
 7. Report on CLE attended by 3rd APD
 8. Request for executive session on 2 personnel matters.
- IV. Referrals/Pending Items:

None
- V. Discussion Items:

None
- VI. Privilege of the floor to discuss any additional item to come before the Committee
- VII. Motion to adjourn

Attachments: Resolution Request Form No. 11
Resolution Request Forms No. 12 (3)
Resolution Request Form No. 20
Schedule "A" Authorization to Attend Meeting or Convention (9)

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Warren County Public Defender

DATE: 5/9/2017

- (a) Title of Requested Position: **8th Assistant Public Defender**
- (b) Annual **Base** Salary (and Grade if Applicable): **\$47,500**
- (c) Effective Date for New Position: *
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A.1171 110 (Public Defender Salary - Regular)
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
- (g) Is this a mandated position? If so, please explain:
No
- (h) Is there expected revenue from this position? If so, please explain:
This position will be 100% funded by a grant from NYS Office of Indigent Legal Services

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Warren County Public Defender Payroll Dept. No.: 6.01 A.1171

Title of Position: 8th Assistant Public Defender Base Salary of Position: \$47,500 Grade:

Filling at Step # (If Known): Request to Back Due to Promotion: Yes No

Budget code and title: A.1171 110 (Public Defender Salary - Regular) Union Non-Union

This position is vacated due to: Retirement Resignation Termination Promotion Other New

Employee No: Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal % State 100% Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

- The Administrator has no objection to the filling of the vacancy.
- The Administrator objects to the filling of the vacancy.

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

- The Budget Officer has no objection to the filling of the vacancy.
- The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy.
- In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
- In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature _____ Date _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Warren County Public Defender Payroll Dept. No.: 6.01 A.1171

Title of Position: 1st Assistant Public Defender Base Salary of Position: \$82,620 Grade:

Filling at Step # (If Known): Request to Back Due to Promotion: Yes No

Budget code and title: A.1171 110 (Public Defender Salary - Regular) Union Non-Union

This position is vacated due to: Retirement Resignation Termination Promotion Other

Employee No: Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal % State % Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

- The Administrator has no objection to the filling of the vacancy.
- The Administrator objects to the filling of the vacancy.

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

- The Budget Officer has no objection to the filling of the vacancy.
- The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy.
- In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
- In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature _____ Date _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Warren County Public Defender Payroll Dept. No.: 6.01 A.1171

Title of Position: Confidential Secretary to 1st APD Base Salary of Position: \$36,069 Grade:

Filling at Step # (If Known): Request to Back Due to Promotion: Yes No

Budget code and title: A.1171 110 (Public Defender Salary - Regular) Union Non-Union

This position is vacated due to: Retirement Resignation Termination Promotion Other

Employee No: Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal % State 100% Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

- The Administrator has no objection to the filling of the vacancy.
- The Administrator objects to the filling of the vacancy.

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

- The Budget Officer has no objection to the filling of the vacancy.
- The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy.
- In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
- In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature _____ Date _____

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Warren County Public Defender

DATE: May 9, 2017

- (a) Purpose of Request: **To request an extension agreement with the New York State Office of Indigent Legal Services to extend the Contract No. C000352 to 5/31/2018, Contract No. C000252 to 11/30/2018, and Contract No. C000652 to 12/31/2018**
- (b) Details: **C000352 extention expires 5/31/2017, C000252 extension expires 11/30/2017, and C000652 expires 12/31/2017**
- (c) Previous Resolution Number: **161 of 2016, 160 of 2016, 162 of 2016**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

*** as listed in budget and LOGOS**

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Criminal Justice & Safety Committee hereby authorizes Marcy I. Flores
(Supervisory Committee) (Employee Name)

to attend NYSDA Annual Meeting & Conference
(Name of meeting or organization)

at Gideon Putnam Hotel & Conference Center, Saratoga Springs, NY on July 24th & July 25th, 2017
(Address) (Dates)

Meeting/Convention Cost: \$225.00 Mode of transportation to be used: own vehicle
(County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:
using own vehicle

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ _____
(travel and meeting/convention cost)

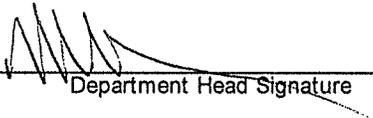
For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____
* www.gsa.gov

Date: 5-9-17


Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Criminal Justice & Safety Committee hereby authorizes Sterling T. Goodspeed
(Supervisory Committee) (Employee Name)

to attend NYSDA Annual Meeting & Conference
(Name of meeting or organization)

at Gideon Putnam Hotel & Conference Center, Saratoga Springs, NY on July 24th & July 25th, 2017
(Address) (Dates)

Meeting/Convention Cost: \$225.00 Mode of transportation to be used: own vehicle
(County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:
using own vehicle

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ _____
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____
* www.gsa.gov

Date: 5-9-17



Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

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2. Copy to Buildings & Grounds if fleet vehicle is needed.
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4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Criminal Justice & Safety Committee hereby authorizes Nellie R. Halloran
(Supervisory Committee) (Employee Name)

to attend NYSDA Annual Meeting & Conference
(Name of meeting or organization)

at Gideon Putnam Hotel & Conference Center, Saratoga Springs, NY on July 24th & July 25th, 2017
(Address) (Dates)

Meeting/Convention Cost: \$225.00 Mode of transportation to be used: own vehicle
(County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:
using own vehicle

Proper documentation must be attached when submitting for approval.

(Please check documents attached)
 Notice of meeting or convention including cost. Total Cost of Travel \$ _____
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____ Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____

* www.gsa.gov

Date: 5-9-17



Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

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SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Criminal Justice & Safety Committee hereby authorizes Brian D. Pilatzke
(Supervisory Committee) (Employee Name)

to attend NYSDA Annual Meeting & Conference
(Name of meeting or organization)

at Gideon Putnam Hotel & Conference Center, Saratoga Springs, NY on July 24th & July 25th, 2017
(Address) (Dates)

Meeting/Convention Cost: \$225.00 Mode of transportation to be used: own vehicle
(County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:
using own vehicle

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ _____
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____
* www.gsa.gov

Date: 5-9-11


Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions:

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SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Criminal Justice & Safety Committee hereby authorizes Glenn B. Liebert
(Supervisory Committee) (Employee Name)

to attend NYSDA Annual Meeting & Conference
(Name of meeting or organization)

at Gideon Putnam Hotel & Conference Center, Saratoga Springs, NY on July 24th & July 25th, 2017
(Address) (Dates)

Meeting/Convention Cost: \$225.00 Mode of transportation to be used: own vehicle
(County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:
using own vehicle

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ _____
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____
* www.gsa.gov

Date: 5-8-17


Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

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5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Criminal Justice & Safety Committee hereby authorizes Anna P. Besson
(Supervisory Committee) (Employee Name)

to attend NYSDA Annual Meeting & Conference
(Name of meeting or organization)

at Gideon Putnam Hotel & Conference Center, Saratoga Springs, NY on July 24th & July 25th, 2017
(Address) (Dates)

Meeting/Convention Cost: \$225.00 Mode of transportation to be used: own vehicle
(County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:
using own vehicle

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ _____
(travel and meeting/convention cost)

For Overnight Travel

Funding in Budget? Y N

Room rate \$ _____ GSA* Rate \$ _____

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____
* www.gsa.gov

Date: 5-9-17


Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

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4. Copy to Purchasing with Purchase Order, if required.
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6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Criminal Justice & Safety Committee hereby authorizes Lynn A. Pucciarelli
(Supervisory Committee) (Employee Name)

to attend NYSDA Annual Meeting & Conference
(Name of meeting or organization)

at Gideon Putnam Hotel & Conference Center, Saratoga Springs, NY on July 24th & July 25th, 2017
(Address) (Dates)

Meeting/Convention Cost: \$225.00 Mode of transportation to be used: own vehicle
(County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:
using own vehicle

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ _____
(travel and meeting/convention cost)

For Overnight Travel

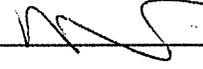
Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____

* www.gsa.gov

Date: 5-9-18


Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions:

1. Original with voucher to Auditor.
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3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Criminal Justice & Safety Committee hereby authorizes Mary Kate Leahy
(Supervisory Committee) (Employee Name)

to attend NYSDA Annual Meeting & Conference
(Name of meeting or organization)

at Gideon Putnam Hotel & Conference Center, Saratoga Springs, NY on July 24th & July 25th, 2017
(Address) (Dates)

Meeting/Convention Cost: \$225.00 Mode of transportation to be used: own vehicle
(County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:
using own vehicle

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ _____
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____

* www.gsa.gov

Date: 5-9-17


Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
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6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Criminal Justice and Public Safety Committee hereby authorizes Brian D. Pilatzke
(Supervisory Committee) (Employee Name)

to attend Defending the Veteran Client in the Criminal Courts
(Name of meeting or organization)

at 30 McMaster Street, Ballston Spa, NY 12020 on May 12, 2017
(Address) (Dates)

Meeting/Convention Cost: n/a Mode of transportation to be used: own vehicle
(County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:
using own vehicle

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ n/a
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ _____ Budget Code: _____
* www.gsa.gov

Date: 4-26-17 _____
Department Head Signature

Date: 4/28/17 _____
County Administrator Signature

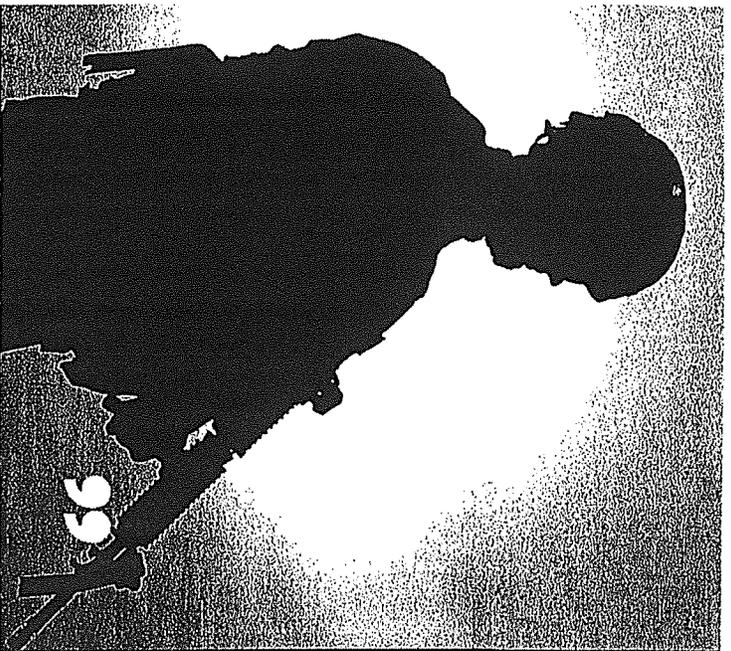
Date: 4-28-17 _____
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.



4 CLE Credits

MCLE – NYSDA has been certified by the New York State Continuing Legal Education Board as an Accredited Provider of Continuing Legal Education in the State of New York (2016-2019). This transitional/non-transitional program has been approved in accordance with the requirements of the Continuing Legal Education Board for a maximum of 4.0 credit hours, which can be applied toward Professional Practice. No CLE credit may be earned for repeat attendance at any accredited CLE activity.

Defending the Veteran Client in the Criminal Courts

NYSDA Veteran
Defense Project

Saratoga County
Public Defender
Office

Friday, May 12, 2017
1:00-4:30 PM

Saratoga County Municipal Center
Board of Supervisors Room
30 McMaster Street
Building 3
Ballston Spa, NY 12020

Program

- Military Cultural Competence, Why Representing Veterans is Different
- Interview Techniques for Veterans, Investigating Military Background, Corroborating the Client's Military Experiences
- Writing and Using Mitigation Throughout a Criminal Proceeding
- Use of the Client's Military History and Experience in Motion Practice and Hearings

Speaker

Gary Horton, Esq. Director of NYSDA's Veterans Defense Program.

Date and Time

Friday, May 12, 2017
1:00-4:30 PM

Location

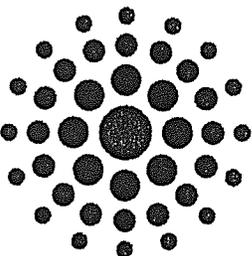
Saratoga County Municipal Center,
Board of Supervisors Room, 30
McMaster Street, Building 3
Ballston Spa, NY 12020

Registration

This program is open only to assigned counsel, public defenders, legal aid lawyers. The program is free, but pre-registration by May 5, 2017 is required. **To register, please email Dee Miller at**

DMiller@nysda.org and include your name, address and telephone number so the certificate of CLE attendance can be delivered to you.

"This training is made possible in part by a grant from the Bob Woodruff Foundation, which is dedicated to ensuring that post-9/11 injured service members, veterans, and their families make a successful transition."



**BOB WOODRUFF
FOUNDATION**
Investing in the Next Chapter for Our Veterans

Gary Horton, Esq.

Gary Horton is Director of NYSDA's Veterans Defense Program. He is a graduate of Hobart College and Hofstra University School of Law. Horton's practice has centered on the defense of the indigent for more than thirty years, and he was Genesee County Public Defender for twenty years, before becoming the Director of the Veterans Defense Program. Horton is the recipient of the NYSBA Criminal Justice Section David S. Michaels Award (2006), the New York State Defenders Association Wilfred R. O'Connell Award (2011) and the United States District Court for the Western District of New York, Special Service Award (2005). Gary is a founding member and past President of Genesee Veterans Support Network (GVSN).

ALLIE CREIGHTON