

Office of Attorneys for Children  
CLE Online Video - User Name and Password request  
For current Second Department panel members only

**Name**

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**Telephone #**

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**Office Address**

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**City ST ZIP**

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**County of Panel Membership**

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**Email Address**

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Please submit completed form via email to [gchickel@courts.state.ny.us](mailto:gchickel@courts.state.ny.us)