

**New York State Office of Indigent Legal Services
ILSFAM LISTSERVE SUBSCRIPTION FORM**

Name _____
Organization _____
County _____
Address _____
Phone _____
Email _____

Listserve Guidelines

Role of listserve:

1. This listserve is exclusively open to attorneys and other professionals involved in mandated parental representation in Family Court, pursuant to Family Court Act § 262.
2. This listserve provides a forum to help the above-indicated professionals improve the quality of representation rendered in Family Court by: (a) exploring issues, problems, and best practices; (b) having respectful, robust discussions; and (c) sharing valuable information and resources.
3. To send a message, simply use ilsfam@listserve.com. Remember to include a signature or other information that helps subscribers identify you as the posting member.
4. To reply to a message, use REPLY to engage with the sender or REPLY ALL to post to the entire group, remembering to include identifying information.

Caveats:

5. This listserve is not open to attorneys who represent the interests of a Social Services agency in child welfare matters or agents for the county government.
6. This listserve is provided as a service of ILS, which is not responsible for the opinions or information posted, but will strive to take appropriate action if objectionable material is posted.
7. Listserve members should not post: (a) any identifying or confidential information regarding cases and clients; (b) content for personal, commercial, or political gain; (c) uncivil comments; (d) any content not designed to advance the mission of quality mandated parental representation.
8. Listserve members should not forward other members' messages without permission and should never share content with anyone outside the family defense community. But since compliance by others cannot be guaranteed, subscribers should exercise discretion as to their posts.

I certify that I have read, understand, and will follow these guidelines. I do not prosecute child welfare matters and will inform the administration if my professional status changes.

Initials: _____ Date: _____