(914) 421-1200 • Fax (914) 684-6554

Box 69, Gedney Station White Plains, New York 10605

By Fax: 312-988-5491

By Priority Mail/Certified-RRR: P-801-449-686

DATE:

September 20, 1996

TO:

ABA Center for Professional Responsibility

ABA Standing Committee on Professional Discipline

ABA Standing Committee on Ethics and Professional

Responsibility

ABA Standing Committee on Professionalism ABA Standing Committee on Lawyer Competence

FROM:

Elena Ruth Sassower, CJA Coordinator

RE:

Agenda Inclusion: Presentation to Committee Membership

Transmitted herewith is our September 18, 1996 letter to President Burke of the Association of Professional Responsibility Lawyers. We request that the matters set forth therein be placed on the agenda of the next meeting of the Center for Professional Responsibility and on the agendas of the next meetings of its constituent committees, for presentment to their membership.

We also reiterate the penultimate paragraph of our February 8, 1996 memorandum--to which the committees have wholly failed to respond:

"...it is for the Committee on Professional Discipline--by its membership--to examine and evaluate what steps it should take in the face of the clear and convincing evidence we have presented that New York's attorney disciplinary law is unconstitutional and that it is being used to retaliate against judicial whistleblowers such as my mother. Assuredly, that Committee could--and should-solicit an advisory opinion from the Committee on Ethics and Professional Responsibility, as well as seek the aid of other related ABA committees and affiliated organizations." (page 5, emphasis added)

This includes legal and <u>amicus</u> assistance for the appeal to the Second Circuit we must perfect from the wholly improper dismissal of our §1983 federal challenge to New York's attorney disciplinary law and the retaliatory, due process-less suspension of my mother's license.

Please confirm such agenda inclusion and the dates of the next meetings.

Elena Ruth

TIME: 09/20/1996 12:58 NAME: FAX: TEL:

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

A ...

09/20 12:53 13129885491 00:05:47 08 OK STANDARD

٠.	P 801 449 686					
D,	RECEIPT FOR CERTIFIED MAIL					
2	NO INSURANCE COVERAGE PROVIDED					
*	NOT FOR INTERNATIONAL MAIL					
	(See Reverse)	0				
	mater of Blaskack	V				
4	Sent to					
	Hoar					
	Street and No.	_				
	SH NHAIRORACS CONV				the state of the s	4
	P.Q. State and ZIP Code/	i		_	ž.	•
	Chica 00 17/12015 606/1					١
	200	=		1	I also wish to receive the	١
			SENDER: Complete items 1 and/or 2 for additional services.	1	following services (for an	Ų
		₫ '	Complete items 3, 4a, and 4b.	return this	ovtra faa).	j [
	Certified Fee	7	■Complete items 3, 4a, and 4b. ■Complete items 3, 4a, and 4b. ■Print your name and address on the reverse of this form so that we can		1. Addressee's Address	<u> </u>
1	1.10	<u> 7</u>	card to you.	as not	1	5 }
7	Special Delivery Fee	₹	Print your name and describe card to you. Attach this form to the front of the mailpiece, or on the back if space doe Attach this form to the front of the mailpiece, or on the back if space does		2. Restricted Delivery	5
	opodiai paintary to	Þ	Attach this form to be a ticked on the mailpiece below the article nur permit. Write "Return Receipt Requested" on the mailpiece below the article nur while show to whom the article was delivered and the	a date		
	Restrict of Del G F DAVE		permit. ■Write "Return Receipt Requested" on the mailpiece below the article was delivered and the ■The Return Receipt will show to whom the article was delivered and the	,	Consult postmaster for fee.	Ŗ :
	Hestricted Delivery Establish	ŧ	delivered.	. Article N	lumber	Ş
	Refusibly reint showing	5	142	. Article IV	1119 (81	Ē
	Refund Eceipt showing to when and Date Delivered	Ā	3. Article Addressed to:	80 F '	449 686	5
ιŭ		ž	Center to 1999 1 4	. Service	Type	Retu
985	RENT ReceipOshowing to whom. T	ā				ዟ
<u></u>	Date and Address of Delivery	complet] Register		2
Jen	TOTAL Postage and Res	ខ	14 1000 0 160160] Express	s Mau	9
ร	Postage and poes 5-24	l isi	es (I May 79" Cost	3 Datum R	leceipt for Merchandise COD	Ĕ
Š	Post for Date	ADDRESS	3 41 miles // Com	_ Notalities	Delivery	ᆂ
3800	Position or Date) 8	-1 0-00 //(NO IS 1)7	Date of C	Delivery	8
(°)	W 10005-93	19	Chicaf (10611-3314	コーリ	12-96	>
Form	10805-9837			Address	see's Address (Only if requested	Ξ
		1 2	5. Received By: (Print Name)	and fee	is naid)	عّ
Š	**	ETURN	5. Neceived 5). (and rec	To party	_
_	to a second of the second of t	12			•	
		- 1	T TO THE AKING (ARRIVESSAG OF AUDIN)	1111		
		1 2	Wind Jamper		. Deturn Pagaint	í
		1 3			Domestic Return Receipt	
		-	PS Form 3811, December 1994		4 (4)	
		1	and the second of the second o		•	
		١				