

Public Defender Client Choice Project

Attorney Information

Please return this completed form to Anna.Breese@Iowa.gov or Claire.Yocom@Iowa.gov or mail to:

Dept. of Human Rights – CJJP, 321 E. 12th St., 2nd Floor, Des Moines, IA 50319 by **DATE**.

All of the provided information will appear on your Attorney Page in the Client Choice book.

Attorney Information: (* Required)

*Attorney Name: _____

*Law Firm (if left blank, will read “Attorney at Law”): _____

*Principal Law Office Address: _____

*Email Address: _____

*Phone Number: _____ Website URL (Optional): _____

Attorney Experience & Background:

*Law School Attended: _____

*Year Graduated: _____

*Years of Criminal Defense Experience: _____

*In calendar year 2018, what approximate percentage of your practice was spent defending criminal cases? _____

*Languages spoken other than English: _____

Attorney Disciplinary Record: (This will be verified through the Office of Professional Regulation)

*Have you ever been publicly disciplined as a lawyer? **Yes / No**

*Month and Year of Action: _____

*Month and Year Action Completed/to be Completed: _____

If yes, please briefly explain the nature of the discipline if you wish. *If you choose to provide an explanation, it will be included on your Attorney Page:*

Availability:

*Do you have a contract with the State Public Defender to handle indigent cases? **Yes / No**

*In which of the following counties do you accept cases? Circle all that apply.

Woodbury

Monona

Plymouth

*What class of cases are you currently eligible to defend? Circle all that apply. (This information will be updated in the Client Choice book monthly with information provided by the State Public Defender.)

Class A/B felonies

Class C/D felonies

Misdemeanors

*Do you accept collect calls from jail? **Yes / No**

*Do you meet with clients outside regular business hours? **No Yes-evenings Yes-weekends**

Demographics Declaration

The following information **will not appear** on your Attorney Page, but is important for research purposes. If you are willing, please provide demographic information for yourself as follows:

Gender (circle one): Male Female Other: _____

Age group (circle one): (18-24) (25-34) (35-44) (45-54) (55-64) (65-74) (75+)

Race (circle all that apply): American Indian / Alaska Native / Asian / Black or African American / Native Hawaiian / Other Pacific Islander / White

Ethnicity: Hispanic or Latin(o/a/x) / Not Hispanic or Latin(o/a/x)