Indigent Defense Contract Initial Eligibility Verification

Name: ________________________________ Phone: __________________________

E-mail: _____________________________________________________________________

PART A: JUVENILE TRAINING (Complete for Juvenile Contracts)
Court-appointed attorneys representing persons in juvenile court are required to participate annually in a minimum of three hours of continuing legal education relating to juvenile court proceedings. An attorney shall not accept juvenile court appointments unless the attorney has fulfilled this three-hour minimum requirement either in the previous calendar year or earlier in the calendar year of the appointment. Please list your juvenile continuing education credits showing compliance with this requirement.

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PART B: CRIMINAL EXPERIENCE & TRAINING (Complete for Criminal, Appellate, and PCR Contracts)

How many years have you practiced criminal law in any state or federal court? ________________

List any approved continuing legal education related to criminal law in which you have participated in the previous year. (5 hours are required for all felony and PCR Contracts):

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PART C: CRIMINAL JURY TRIAL EXPERIENCE (Complete for Felony Contracts)
List up to five criminal jury trials tried to completion as lead counsel. (Five trials are required for A & B felony cases; one trial for other felonies). If you are unable to provide all the requested information, you may attach a statement describing the circumstances that are known to you regarding the trial to supplement the missing information.

1. Client Name: _____________________________ County: ______________________
   Case Number(s): ____________________________ Presiding Judge: ________________
   Offense(s): ____________________________ Date(s): ______________________
2. Client Name: _____________________________ County: ______________________
   Case Number(s): ____________________________ Presiding Judge: ________________
   Offense(s): ____________________________ Date(s): ______________________
3. Client Name: _____________________________ County: ______________________
   Case Number(s): ____________________________ Presiding Judge: ________________
   Offense(s): ____________________________ Date(s): ______________________
4. Client Name: _____________________________ County: ______________________
   Case Number(s): ____________________________ Presiding Judge: ________________
   Offense(s): ____________________________ Date(s): ______________________
5. Client Name: _____________________________ County: ______________________
   Case Number(s): ____________________________ Presiding Judge: ________________
   Offense(s): ____________________________ Date(s): ______________________

In total, how many **felony** criminal jury trials have you tried to completion as lead counsel?
・ None  •  1  •  2-4  •  5-10  •  11-20  •  21 or more

In total, how many **misdemeanor** criminal jury trials have you tried to completion as lead counsel?
・ None  •  1  •  2-4  •  5-10  •  11-20  •  21 or more
PART D: JUDGES OR MAGISTRATES  (Complete for Felony and PCR Contracts)
List three judges or magistrates who can discuss your qualifications and effectiveness to represent indigent persons in felony or postconviction relief cases:

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<th>Name</th>
<th>District/County</th>
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PART F: APPELLATE AND PCR EXPERIENCE  (Complete for Appellate and PCR Contracts)

In total, how many postconviction relief proceedings have you handled to completion?
- None  1  2  3  4-10  10 or more

In total, how many criminal appeals have you handled to completion?
- None  1  2-4  5-10  11-20  12 or more

PART G: ADDITIONAL INFORMATION FOR THOSE SEEKING EXCEPTIONS
If you are seeking to contract for a type of case under one of the exceptions to the standard requirements, please attach: (1) a resume; (2) a written statement describing in detail the character of your criminal practice, why you believe you are qualified to handle the type of case for which you seek to contract, and the circumstances preventing you from meeting the standard requirements; (3) any additional information that would be helpful in making the contract determination.

PART H: CERTIFICATION
I certify that this Eligibility Verification and all information attached is true and complete to the best of my knowledge. I authorize the State Public Defender and its staff to acquire from any source, any information they may request concerning my professional, academic, and character qualifications, which may include without limitation, confidential reports, files, documents, and transcripts of any type of civil, criminal, disciplinary or administrative action or proceeding except any confidential client information.

Signed: ____________________________ Date: ___________________