

**APPLICATION FOR THE SIXTH DISTRICT
APPELLATE PROGRAM PANEL**

NAME _____ BUSINESS PHONE _____

ADDRESS _____ FAX NUMBER _____

_____ (If you use a P. O. Box, please also list a street address
for mailing transcripts via UPS [WILL NOT BE RELEASED TO PUBLIC].)

_____ E-MAIL ADDRESS _____

SOCIAL SECURITY # _____ STATE BAR NO. _____

YEAR ADMITTED _____

LAW SCHOOL & YEAR _____ CERTIFIED CRIMINAL OR
APPELLATE SPECIALIST? _____

Public Defender? _____ County _____ Inclusive Years _____

Prosecution? _____ Agency _____ Inclusive Years _____

Appellate court attorney or law clerk? _____ Court _____

Private practice? _____ Percentage devoted to criminal appellate defense: _____

Describe your criminal appellate defense and other relevant experience:

Please list and briefly describe the three most significant cases you have recently handled.

List any seminars or other training programs on criminal and/or appellate law that you have attended:

Please check any of the areas in which you have experience and wish appointments:

<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CHILD DEPENDENCY,
	<input type="checkbox"/> LPS OR PROBATE	<input type="checkbox"/> TERMINATION OF
<input type="checkbox"/> JUVENILE	<input type="checkbox"/> CONSERVATORSHIP	<input type="checkbox"/> PARENTAL RIGHTS
(W&I 602)		(CIV. 232; W&I 300)

Please indicate the highest class of appeal that you feel qualified to handle at the present time:

<input type="checkbox"/>	CLASS I	-	GRANT OF PROBATION
<input type="checkbox"/>	CLASS II	-	UP TO 5 YEARS IN STATE PRISON
<input type="checkbox"/>	CLASS III	-	5 YEARS TO 15 YEARS IN STATE PRISON
<input type="checkbox"/>	CLASS IV	-	15 YEARS TO 60 YEARS IN STATE PRISON, OR LIFE TOP
<input type="checkbox"/>	CLASS V	-	LIFE WITHOUT POSSIBILITY OF PAROLE, STATE PRISON SENTENCE OF MORE THAN 60 YEARS

Indicate any foreign language proficiency: _____

State any areas of specific expertise and interest, and any limitations on the types of cases you want:

REFERENCES: List names, address and telephone numbers of three persons familiar with your work.

Please include two sets of briefs (opening, respondent's, reply) with court opinion. If sets of appellate briefs are not available, please include two motions or writ petitions, with any opposition filed.

I hereby certify that all of the above information is true. I understand that by submitting this application I agree to cooperate with the Sixth District Appellate Program on any cases assigned to me through SDAP. In all cases, I will serve copies of briefs and other filings on Sixth District Appellate Program, will submit compensation claims to it, and will obtain its approval before filing any *Wende* or other no-merit brief. In "assisted" cases, I will make preliminary drafts of briefs available to Sixth District Appellate Program in a timely fashion and will in all other respects consult and cooperate with Sixth District Appellate Program.

I understand that this application will allow inquiry into my professional reputation by the Sixth District Appellate Program.

SIGNED: _____ DATE: _____