

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

STATE BAR #: _____ SOCIAL SECURITY or FED TAX ID: _____

NAME: _____ BUSINESS PHONE: _____

CELL OR 2nd PHONE: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

***Business Address** (To be used for Court
and client communication)*

***Address** (A physical address for transcript delivery is needed if a
P.O. Box is used for Business Address.)
This address will not be released to anyone and will be used for
SDAP purposes only.*

YEAR ADMITTED: _____

LAW SCHOOL & YEAR _____

CERTIFIED CRIMINAL OR APPELLATE
SPECIALIST? _____

Public Defender? Y or N County _____

When _____

Prosecution? Y or N Agency _____

When _____

Appellate court attorney or law clerk? Y or N

When, Where _____

Private practice? Y or N 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.

