

**ARKANSAS PUBLIC DEFENDER COMMISSION
COUNSEL CERTIFICATION APPLICATION FOR DEATH CASES**

Name _____ Social Security No. _____

Office Address (include city, state, zip) _____

County _____

Office Phone _____ Fax No. _____ Email address _____

Home Address (include city, state, zip) _____

County _____

Home Phone _____ Cell Phone _____

Arkansas Bar Number _____

Judicial Districts in which you practice _____

Counties in which you practice _____

1. EDUCATION

Law School _____ Date _____

Date of admission to practice in Arkansas _____

Other state where licensed and dates of admission to practice _____

Have you ever been disbarred, censured, cautioned, reprimanded, or had your license suspended?
If yes, please explain and attach the relevant documentation. _____

2. TYPES OF CERTIFICATION REQUESTED

_____ Lead Counsel Death Penalty cases

_____ Co-counsel Death Penalty cases

_____ Alternate Procedure certification (**Must complete this application as well as applicataion for general certification and provide specific detailed reasons why alternate procedure certification is requested and would be appropriate.**)

3. LEAD COUNSEL CERTIFICATION

Number of years of litigation experience in criminal law? _____

Number of jury trials tried to completion? _____

Number of jury trials tried to completion involving Class Y felonies? _____

Number of jury trials tried to completion where the death penalty was sought where you were lead counsel? (please provide name of case, judge, prosecutor, date tried, and result for at least two cases). _____

Number of jury trials tried to completion where the death penalty was sought and where you were co-counsel? (Please provide name of case, judge, prosecutor, date tried, and result of at least two cases). _____

Please give name and address of lead counsel. _____

Number of jury trials tried to completion involving the charge of Capital Murder where the death penalty was waived and you were lead counsel? _____

Number of jury trials tried to completion involving the charge of Murder in the First Degree where you were lead counsel? _____

Number of appeals you have perfected involving a death sentence? _____

Have you obtained and used expert witnesses? Please indicate the types of experts you have used and in what cases. _____

(With your application you must submit the following items regarding your previous experience in Death Penalty cases, Capital cases where the death penalty has been waived, and First Degree Murder cases: case name, date of trial, name of judge, prosecutor and lead counsel, where appropriate, and a short description of the case, its primary issues and its result. Additionally, you must submit recommendations of the circuit judges in each Judicial District in which you seek to practice.)

4. TRIAL CO-COUNSEL

Number of years of criminal litigation experience? _____
 Number of jury trials tried to completion involving first degree murder where you were lead counsel?

 Number of jury trials of complex felonies tried to completion where you were co-counsel? _____
 Please provide name and address of lead counsel. _____
 Number of jury trials tried to completion involving a felony? _____

(With your application you must submit the following items regarding your previous experience in First Degree Murder cases and at least one other felony jury trial: case name, date of trial, name of judge, prosecutor, and lead counsel, where appropriate, and a short description of the case, its primary issues, and its result. Additionally, you must submit recommendations of the circuit judges in each Judicial District in which you seek to practice.)

5. CONTINUING LEGAL EDUCATION REQUIREMENTS

I have completed, or will complete within one year of submission of this application six (6) hours of continuing legal education in the defense of capital cases. Further, I understand that in order to maintain my certification in this area, I must maintain six (6) hours of continuing legal education in the defense of capital cases annually. Yes ____ No ____

6. CERTIFICATION

I certify that the above information is correct to the best of my knowledge, and I hereby apply for certification to be appointed to represent indigent defendants under the aforementioned sections.

 Signature Date

STATE OF ARKANSAS)
) SS.
 COUNTY OF _____)

SUBSCRIBED and sworn to, before me, a Notary Public, this _____ day of _____, 20____.

 Notary Public

My Commission Expires: _____

Equal Employment Opportunity Statement:

The Arkansas Public Defender Commission does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.

Return to: Arkansas Public Defender Commission, 101 East Capitol, Suite 201, Little Rock, Arkansas 72201 (For questions, please call 501-682-9070)