

**ARKANSAS PUBLIC DEFENDER COMMISSION
COUNSEL CERTIFICATION APPLICATION**

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 _____

Counties where you will accept appointment _____

Judicial District(s) in which you will accept appointment _____

1. EDUCATION

Law School _____ Date _____

Date of admission to practice in Arkansas _____

Other state where licensed and dates of admission to practice _____

Are you disbarred or suspended, or have you surrendered a license to practice in this State? _____

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

_____ D and C felonies, misdemeanor, juvenile, guardianship, mental health cases, traffic cases punishable by incarceration, and all contempt proceedings punishable by incarceration.

_____ Felony offense bearing a maximum penalty of 30 years.

_____ Class Y felonies involving a possible punishment of 10 years to 40 years to life imprisonment.

_____ Lead counsel in a death case. (A separate certification application must be completed)

_____ Co-counsel in a death case. (A separate certification application must be completed)

3. EXPERIENCE

Have you ever served as _____ Dates of service: _____

(Assistant) Public Defender _____

(Assistant) District Attorney _____

(Assistant) Attorney General _____

(Assistant) U.S. Attorney _____

Are you employed or retained by any municipal, county, state, or federal government or agency?
_____. If yes, specify. _____

In the immediately preceding year, what has been your primary are of practice?

_____ Criminal law _____ Civil law _____ Other

Number of misdemeanor cases tried to final resolution as sole counsel _____

Number of felony cases brought to final resolution as sole counsel _____

Number of jury trials as sole counsel (civil, criminal, or juvenile, please specify) _____

Number of jury trials as co-counsel (civil, criminal, or juvenile, please specify) _____
Have you tried any Class Y felonies? If yes, how many? _____
Have you tried any Class A felonies? If yes, how many? _____
Have you tried any homicide jury trials? If yes, how many? _____
Were you lead counsel, co-counsel, or sole counsel on the aforementioned types of cases? Please explain. _____

Number of briefs filed in criminal appeals (indicate felony or misdemeanor) _____

(You must submit a quality writing sample for review to obtain certification to try a class Y felony)

(In at least two Class Y or A felonies or in one Class Y or A felony and a Homicide case, you must submit the following with your application for certification: case name, date of trial, name of judge, prosecutor, lead counsel, a short description of the case, and its primary issues.)

(Additionally, in order to be certified to try Class Y felonies, you must submit recommendations of the circuit judges in each Judicial District in which you seek to practice.)

4. **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)