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.)

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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)