IDAHO STATE PUBLIC DEFENSE COMMISSION

**Application for Inclusion on Capital Defending Attorney Roster**

**Prior to completing this application, review:**

1. IDAPA 61.01.02, Requirements and Procedures for Representing Indigent Persons <https://adminrules.idaho.gov/rules/current/61/610102.pdf>
2. ABA Guidelines for the Appointment and Performance of Defense Counsel in Death Penalty Cases <https://www.americanbar.org/groups/committees/death_penalty_representation/resources/aba_guidelines/>

**Attach the following to your application:**

1. Resume
2. Statement of interest and relevant experience
3. Letters from legal professionals, including at least one (1) defense attorney, who are familiar with and can describe your legal work
4. Additional pages used to provide complete information

**Application and Information:**

1. Only include information that is public record and unredacted.
2. Confirm that official case names and numbers are complete and correct. If there is a case name or number change, include all official case names and numbers associated with a case.
3. The application and attachments may be submitted by e-mail to: info@pdc.idaho.gov with subject line: **Capital Defending Attorney Roster Application**.

**I am applying for:**

**Capital Trials:**

* [ ] **Lead counsel for trials**
* [ ] **Alternate requirements for qualifying for lead counsel for trials**
* Attorneys who do not meet the minimum number of years of experience or minimum number of trials/cases for lead counsel, may qualify as lead counsel if they meet the alternative requirements. IDAPA 61.01.02.060.04.g
* [ ] **Co-counsel for trials**

Attorneys who meet the qualifications for lead counsel for trials are deemed qualified as co-counsel for trials.

**Capital Appeals/Post-convictions:**

* [ ] **Lead counsel for** **appeals and post-conviction cases**
* [ ] **Alternate requirements for qualifying for lead counsel for appeals and post-conviction cases**. Attorneys who do not meet the minimum number of years of experience or minimum number of trials/cases for lead counsel, may qualify as lead counsel if they meet the alternative requirements. IDAPA 61.01.02.060.04.g.
* [ ] **Co-counsel for appeals and post-conviction cases.**

Attorneys who meet the qualifications for lead counsel for capital appeals/post-conviction cases are deemed qualified as co-counsel for capital appeals/post-conviction cases.

**APPLICANT’S GENERAL INFORMATION**

|  |  |
| --- | --- |
| **Full Name**  |  |
| **Name of Firm/Public Defense Office**  |  |
| **Email or Mailing Address and Telephone Number (For use by PDC to Communicate with You About this Application)** |  |
| **Count(ies) with Which Applicant is Currently Employed or a Contractor**  |  |

**List the** **state and your bar number for each of the states in which you have had a bar license.**

|  |  |  |  |
| --- | --- | --- | --- |
| **State** | **Bar Number** | **Dates of Admission**  | **Active, Inactive, Other** |
|  |  |  |  |

*Select row and click “+” for additional row*

**List all disciplinary action/s against you including but not limited to disbarment, suspension or reprimand in any jurisdiction. State the nature of the charge and the full facts, documents verifying the disposition of the matter and the name and address of the person or agency in possession of the official records.**

|  |
| --- |
|  |

*Select row and click “+” for additional row*

**List all court findings that you failed to provide a client with the effective assistance of counsel as required by the Sixth Amendment to the United States Constitution**. **Provide details, case name, jurisdiction, case number and findings.**

|  |
| --- |
| Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. |

*Select row and click “+” for additional row*

**List by name other attorneys and/or support staff (i.e. investigators, paralegals, etc.) available to work with you on capital cases.**

|  |
| --- |
|  |

*Select row and click “+” for additional row*

**List all your contracts and agreements with a government entity and your appointments to CJA or other panels related to indigent defense representation and specify the contracting or appointing entity, nature of contract or work performed and duties.**

|  |
| --- |
|  |

*Select row and click “+” for additional row*

**List any termination or suspension from a contract, agreement or CJA or other panel relating to representation of indigent criminal defendants, or denied appointment as a panel member or award of a contract or agreement for which you applied, for any reason relating to qualifications or conduct and**

**provide complete details.**

|  |
| --- |
|  |

*Select row and click “+” for additional row*

**Successor counsel: Describe how you work with successor counsel: (a) hired, assigned or appointed as appellate counsel, post-conviction counsel and/or habeas counsel in a criminal case in which you were appointed counsel of record at any stage of the proceedings, or (b) hired, assigned or appointed to substitute into a criminal case for you.**

|  |
| --- |
|   |

*Select row and click “+” for additional row*

 **Ineffective assistance of counsel claims: If there has been or were to be an ineffective assistance of counsel claim alleged against you by a client, describe how you have worked or would work, as applicable, with both counsel for the state and counsel for the defendant in such case.**

|  |
| --- |
| Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. |

*Select row and click “+” for additional row*

**For each of the following provide at least one (1) example of your most recent criminal defense cases in which you worked with (a) successor counsel (hired, appointed or assigned as substitute, or appellate, post-conviction or habeas counsel); and/or (b) counsel for the state (ineffective assistance of counsel claim). Include the complete official case name and case number, jurisdiction (county), your role and responsibilities, and the name of the counsel with whom you worked.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Complete Official Case Name** **& No.** | **Jurisdiction (County)** | **What was your Role in the Case** | **Describe your Responsibilities in that Role** |
|  |  | Choose an item. |  |

*Select row and click “+” for additional row*

**List at least twelve (12) CLE credits, with at least ten (10) from any nationally recognized and well-established capital case training program, that you have completed within the last two (2) county fiscal years. For each such capital training program or course, provide the name of the program/course and provider, dates and number of hours completed and provide a certificate or other verification of attendance. IDAPA 61.01.02.090.03.**

*Enter the course details here. Add additional courses as needed. One credit = 60 min (15 min = .25 credits).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name:** | Click or tap here to enter course name. | **CLE Credits:** | # |
| Description: | Click or tap here to enter course description. | Date of Completion: |  date |
| Course Length: | hh:mm |
| Provider(s): | Click or tap here to enter course provider(s). |

*-Click the “+” to add another course*

*Enter the course details here. Add additional courses as needed. One credit = 60 min (15 min = .25 credits).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Name:** | **Click or tap here to enter the course name.** | **CLE Credits:** |  |
| Description: |  | Date of Completion: |  |
| Data Recorded: | *If applicable* | Course Length: |  |
| Provider(s): |  |

*Select row and click “+” to add another course*

**IDAHO STATE PUBLIC DEFENSE COMMISSION**

Application for Inclusion on Capital Defending Attorney Roster

**CAPITAL TRIALS**

# Applicants for capital trials complete the following:

**Are you currently an active trial practitioner?** [ ] Yes [ ] No

**Identify the number of years and months** **of criminal defense litigation experience you have to date:**

**\_\_\_\_\_ years, \_\_\_\_\_ months**

**Review the requirements contained in IDAPA 61.01.02.060.04.a-b. Do you meet or exceed each requirement?** [ ] Yes [ ] No

**Please give examples of three (3) recent cases, or more, if necessary, which demonstrate your experience meeting or exceeding each of the requirements contained in IDAPA 61.01.02.060.04.a-b. Include descriptions of the pleadings you filed and hearings you had and provide your briefing, issues raised, arguments, excerpts from transcripts and witnesses called and what was your purpose in calling them.**

|  |
| --- |
| **Example 1:** |

*Select row and click “+” for additional row*

|  |
| --- |
| **Example 2:** |

*Select row and click “+” for additional row*

|  |
| --- |
| **Example 3:** |

*Select row and click “+” for additional row*

|  |
| --- |
| **Additional Examples (if any):** |

*Select row and click “+” for additional row*

**List the complete official case name and case number, jurisdiction (county), your role and responsibilities** **and the beginning and end dates of your representation as an attorney of record in at least ten (10) (five (5) if you are applying for co-counsel) of the most recent felony criminal cases you tried to jury verdict.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Complete Official Case Name & No.** | **Jurisdiction**  | **Role** | **Responsibilities** | **Begin & End Dates of Your Representation** |
|  |  | Choose an item. |  | Begin Date: Click or tap to enter a date.End Date: Click or tap to enter a date. |

*Select row and click “+” for additional row*

**List the complete official case name and case number, jurisdiction (county), your role and responsibilities** **and the beginning and end dates of your representation as an attorney of record in three (3) (or fewer if you have not appeared in three) of the most recent capital cases in which you served as counsel of record.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Complete Official Case Name & No.** | **Jurisdiction (County)** | **Role** | **Responsibilities** | **Beginning & End Dates of Your Representation** | **Death Notice Required?** | **If Death Notice required: Date Filed & Date Withdrawn** |
|  |  | Choose an item. |  | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. |
| Click or tap to enter a date. | Click or tap to enter a date. |

*Select row and click “+” for additional row*

 **Describe any criminal law experience in addition to what you described above.**

|  |
| --- |
|  |

*Select row and click “+” for additional row*

**Are you an active trial practitioner with ten (10) or more years of experience in criminal defense litigation? IDAPA 61.01.02.060.04.c.i** [ ] Yes [ ] No

**Have you served as lead counsel in ten (10) or more felony jury trials tried to verdict? IDAPA 61.01.02.060.04.c.ii** [ ] Yes [ ] No

**Have you served as lead counsel or co-counsel in at least one (1) capital case tried to verdict or capital sentencing? IDAPA 61.01.02.060.04.c.iii** [ ] Yes [ ] No

**If you answered no to any of the previous three (3) questions about the minimum numeric requirements and you are applying for lead counsel, describe in detail how you meet the alternative requirements for lead counsel. IDAPA 61.01.02.060.04.g.**

|  |
| --- |
|  |

*Select row and click “+” for additional row*

**IDAHO STATE PUBLIC DEFENSE COMMISSION**

Application for Inclusion on Capital Defending Attorney Roster

**Capital Appeals/Post-conviction Cases**

# Applicants for capital appeals/post-conviction cases complete the following:

**Are you currently an active appellate/post-conviction attorney?** [ ] Yes [ ] No

**Identify the number of years and months of criminal defense litigation experience you have to date:**

**\_\_\_\_\_ years, \_\_\_\_\_ months.**

**Review the requirements contained in IDAPA 61.01.02.060.04.a-b. Do you meet or exceed each requirement?** [ ] Yes [ ] No

**Please give examples of three (3) recent cases, or more, if necessary, which demonstrate your experience meeting or exceeding each of the requirements contained in IDAPA 61.01.02.060.04.a-b. Include descriptions of the pleadings you filed and hearings you had and provide your briefing, issues raised, arguments, excerpts of transcripts and witnesses called and what was the purpose in calling them.**

|  |
| --- |
| **Example 1:** |

*Select row and click “+” for additional row*

|  |
| --- |
| **Example 2:** |

*Select row and click “+” for additional row*

|  |
| --- |
| **Example 3:** |

*Select row and click “+” for additional row*

|  |
| --- |
| **Additional Examples (if any):** |

*Select row and click “+” for additional row*

**List the complete official case name and case number, jurisdiction (county), your role and responsibilities and the beginning and end dates of your representation as an attorney of record in at least one (1) of the most recent capital (trial or post-conviction) and/or federal capital habeas corpus cases in which you served as lead or co-counsel of record.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Complete Official Case Name & No.** | **Jurisdiction (County)** | **Role** | **Responsibilities** | **Beginning & End Dates of Your Representation** | **Death Notice Required?** | **Death Notice Required: Date Filed****& Date Withdrawn** |
|  |
|  |  | Choose an item. |  | Click or tap to enter a date. | Choose an item. | Click or tap to enter a date. |
| Click or tap to enter a date. | Click or tap to enter a date. |

*Select row and click “+” for additional row*

 **If you have not served as lead counsel in a capital (trial or post-conviction) case or federal capital habeas corpus case, list the complete official case name and case number, jurisdiction (county), your role and responsibilities and the beginning and end dates of your representation as an attorney of record in at least one (1) of the most recent felony appeal case(s) with appellate argument, or if tried to evidentiary hearing, either a post-conviction or federal habeas corpus case(s).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Complete Official Case Name & No.** | **Jurisdiction**  | **Role** | **Responsibilities** | **Begin & End Dates of Your Representation** |
|  |  | Choose an item. |  | Begin Date: Click or tap to enter a date.End Date: Click or tap to enter a date. |

*Select row and click “+” for additional row*

 **Describe any criminal law experience not referenced above.**

|  |
| --- |
|  |

*Select row and click “+” for additional row*

**Are you an active appellate/post-conviction attorney with ten (10) or more years of experience in criminal defense litigation? IDAPA 61.01.02.060.04.e.i** [ ] Yes [ ] No

**Have you served as lead counsel in one (1) or more capital (trial or post-conviction) or federal capital habeas corpus case? IDAPA 61.01.02.060.04.e.ii** [ ] Yes [ ] No

**If you answered no to either or both questions about the minimum numeric requirements and you are applying for lead counsel, describe in detail how you meet the alternative requirements for lead counsel. IDAPA 61.01.02.060.04.g**

|  |
| --- |
|  |

*Select row and click “+” for additional row*

# CERTIFICATE

To the Idaho State Public Defense Commission:

 \_(**Initial**) 1. I authorize all persons, firms, officers, corporations, organizations, associations (including Bar Associations of other jurisdictions) State or Federal agencies and institutions to furnish to the Public Defense Commission and its staff (“Commission”) and any of its representatives, all relevant documents, records or other information that may be requested in investigation of this application.

 \_(**Initial**) 2. I authorize the Commission and any of its representatives to consult with any persons who may have information relating to my professional qualifications, credentials or character, ethics, behavior, or any other matter reasonably bearing on the criteria for initial and continued review of my qualifications to serve as capital counsel. I further agree that all information received by the Commission and any of its representatives shall be treated confidentially and that I have no right of access to information received by the Commission and any of its representatives from third parties. I specifically waive any right to review any reference or other evaluations made to the Commission and any of its representatives, whether solicited by the Commission and any of its representatives or me. In addition, I agree not to seek discovery of such references and evaluations, formally or informally, in any legal proceeding or otherwise.

 \_(**Initial**) 3. I release, discharge and exonerate the Commission and its members, agents and representatives, and any person furnishing information and evaluations to them, from any and all liability of every nature and kind arising from the investigation and evaluations of my application.

I, , being first duly sworn, state that:

I am the applicant who has signed this application for the placement of my name on the roster of defending attorneys who have been determined to be qualified to represent indigent defendants in capital cases maintained by the Commission in accordance with Public Defense Rules promulgated by the Commission. By signing this application, I certify that I have fulfilled the requirements of said rule for placement on the Capital Defending Attorney Roster in the category under which I have applied. If I have not completed required training, I certify I will attend a Commission-approved capital trial training program prior to approval. I further certify that I am familiar with and agree to comply with Public Defense Rules, and that I am familiar with and will utilize the performance standards in the current American Bar Association Guidelines for the Appointment and Performance of Defense Counsel in Death Penalty Cases and Supplementary Guidelines for the Mitigation Function of Defense Teams in Death Penalty Cases.

I fully realize that the determination as to whether I am placed on the Capital Defending Attorney Roster depends on my demonstrated qualifications to provide effective counsel to indigent defendants in capital cases and the truth and completeness of my answers as set forth in this application and any statements attached. To my knowledge, the answers and information which I have supplied in connection with this application are true and complete. I understand the Commission may require me to provide additional information in support of my application.

Applicant's Signature

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Notary Certificate on next page]**

**Notary Certificate**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of individual making statement)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of notary public

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

(Stamp)