IDAHO STATE PUBLIC DEFENSE COMMISSION

**Capital Defending Attorney Roster Continuing Eligibility Form**

**Prior to completing this continuing eligibility form, 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 continuing eligibility form:**

1. Resume
2. Additional pages used to provide complete information

**Form 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 form and attachments may be submitted by e-mail to: [info@pdc.idaho.gov](mailto:info@pdc.idaho.gov%20) with subject line: **Capital Defending Attorney Roster** **Continuing Eligibility Form**

* **ROSTER MEMBER’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 Form)** |  |
| **Count(ies) with Which Member is Currently Employed or a Contractor** |  |

**List the state and your bar number for each of your active bar licenses.**

|  |  |
| --- | --- |
| **State** | **Bar Number** |
|  | *Select row and click “+” for additional row* |

**List all disciplinary action/s against you** **within the last two (2) years including but not limited to disbarment, suspension or reprimand in any jurisdiction. Provide the nature of the charge involved and the full facts, including documents verifying the disposition of the matter and the name and address of the person or agency in possession of the official records and the state and bar number associated with the action.**

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

**List all court findings within the last two (2) years 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.**

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*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*

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

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

**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 at least one (1) case, or more, if necessary, which demonstrate your experience within the last two (2) years 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.**

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

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

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

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

**If you are renewing your trial counsel term, how many felony cases have you handled within the last two (2) years:**

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|  |

**How many of the felony cases you handled within the last two (2) years went to jury trial:**

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**Of the felony cases you handled within the last two (2) years that went to jury trial, provide the following information for two (2) of them:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. |
|  |  | Choose an item. |  | Begin Date: Click or tap to enter a date.  End Date: Click or tap to enter a date. |

**If you are renewing your appeal/post-conviction counsel term, how many felony appeals/post-convictions have you handled within the last two (2) years:**

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**Of the felony appeals/post-convictions you handled within the last two (2) years, provide the following information for two (2) of them:**

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| --- | --- | --- | --- | --- |
| **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. |
|  |  | Choose an item. |  | Begin Date: Click or tap to enter a date.  End Date: Click or tap to enter a date. |

**Have you served as counsel of record in any capital cases within the last two (2) years?** Yes No

**If yes, provide the following information for each capital case.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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*

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

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*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 continuing eligibility form.

\_(**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 continuing eligibility form.

I, , being first duly sworn, state that:

I am the applicant who has signed this continuing eligibility form 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 continuing eligibility form, 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 continuing eligibility form and any statements attached. To my knowledge, the answers and information which I have supplied in connection with this continuing eligibility form are true and complete. I understand the Commission may require me to provide additional information in support of my continuing eligibility form.

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)