PUBLIC DEFENSE CERTIFICATE OF ATTORNEY QUALIFICATION

Name: _____ Bar Number: _____

Address: _____

_____ Email: _____

_____ Foreign language fluency in: _____

Phone Number: _____ Years of Experience:

Fax Number: _____ Practice of Law _____ Criminal _____

Cell/Pager: _____ Juvenile _____ Appellate _____

For appointments in the following county(ies): _____

TRIAL LEVEL

- Capital Murder
  - Lead Counsel ☐
  - Co-counsel ☐
- Murder
  - Lead Counsel ☐
  - Co-counsel ☐
- Major Felony ☐
- Lesser Felony ☐
- Misdemeanor ☐
- Juvenile Delinquency
  - Major Felony ☐
  - Lesser Felony ☐
  - Misdemeanor ☐
- Juvenile Dependency ☐
- Juvenile Termination ☐
- Civil Commitment ☐
- Contempt ☐
- Habeas Corpus ☐
- Post-Conviction Relief
  - Capital Murder ☐
  - Murder ☐
  - Other Criminal ☐

APPELLATE LEVEL

- Capital Murder
  - Lead Counsel ☐
  - Co-counsel ☐
- Murder
  - Lead Counsel ☐
  - Co-counsel ☐
- Major Felony ☐
- Lesser Felony ☐
- Misdemeanor ☐
- Juvenile Delinquency
  - Major Felony ☐
  - Lesser Felony ☐
  - Misdemeanor ☐
- Juvenile Dependency ☐
- Juvenile Termination ☐
- Civil Commitment ☐
- Contempt ☐
- Habeas Corpus ☐
- Post-Conviction Relief
  - Capital Murder ☐
  - Murder ☐
  - Other Criminal ☐

Please check only one box below:

☐ I certify that I have read the PDSC Qualification Standards for Court-Appointed Counsel (Rev. 5-21-09) and that I meet the requirements of those standards and wish to be listed as available to accept appointment to the case types checked above. If I have checked any case types because I believe I possess equivalent skill and experience, pursuant to Standard III, section 2.B, I have submitted supporting documentation and explained how I am qualified for those case types.

or

☐ I certify that the above-named attorney will be working at a public defense organization as described in Standard III.2.C, which has provided the information required under Standard V.3.B.

_____ _____

Signature Date

Submit signed certificates together with the supplemental questionnaire
and any supporting documentation to: mail@opds.state.or.us

SUPPLEMENTAL QUESTIONNAIRE TO CERTIFICATE OF ATTORNEY QUALIFICATION

If this questionnaire does not address important aspects of your experience, please feel free to attach additional information. If more space is needed to answer any of the questions below, please do so on additional pages.

1. Name (please print):

2. Date admitted to Oregon State Bar:

3. Oregon State Bar number:

4. Number of years and location(s) of legal practice in Oregon:

5. Number of years and location(s) of legal practice outside Oregon:

6. What percentage of your present practice involves handling criminal cases? juvenile cases? (or other cases as appropriate, such as civil commitment, habeas corpus, post-conviction relief)

7. What percentage of your present practice involves handling public defense cases?

8. Briefly describe the nature and extent of your work experience in the area(s) of law which you have certified and any related areas of law.

9. Before which courts and judges have you <u>regularly</u> appeared in case proceedings which you have certified?

10. What has been the extent of your participation in the past two years with continuing legal education courses and/or organizations concerned with law related to the case types you have certified?

11. List at least three names and addresses of judges and/or attorneys who would be able to comment on your experience in handling the case types you have certified.

12. List the most recent two cases by county and case number that have been tried and submitted to a jury, or if the attorney is certifying qualification for juvenile delinquency or civil commitment cases, tried and submitted to a judge, in which you served as counsel or co-counsel.

13. Have you ever been convicted of a crime? If yes, please provide the crime(s) of conviction, date and jurisdiction. (Do not answer yes or provide information for convictions that have been expunged or sealed.)

14. Are there any criminal charges currently pending against you? If yes, please identify the charges, the jurisdiction and the status of the proceedings.

15. Is there any complaint concerning you now pending with disciplinary counsel of the Oregon State Bar, or otherwise pending formal charges, trial or decision in the bar disciplinary process?

16. Has the Oregon Supreme Court, Oregon State Bar or any other bar association ever found you in violation of a Disciplinary Rule or Rule of Professional Conduct? If yes, please describe the violation and provide the date of decision.

17. Has a former client ever successfully obtained post-conviction relief based on your representation? If yes, please describe and cite to opinion, if there is one.

I certify that the above information is true and complete.

_____ _____

SIGNATURE DATE