CRIMINAL JUSTICE ACT PANEL APPLICATION WESTERN DISTRICT OF OKLAHOMA

I. Identification:

Last	First	Middle Initial
Firm Name:		
Mailing Address:		
Office Telephone: Office Facsimile		simile:
Cellular Phone:		
E-mail Address:		

What law degree(s) have you received? Specify the law school and the date the degree was received. (E.g., J.D., OCU, 1975).

III. Law Licenses:

Identify the states in which you are currently admitted to practice law, including the date A. of admission. (E.g., Oklahoma, 1987).

Identify all federal courts in which you are currently admitted to practice, including the В. date of admission.

IV. Legal Experience

А.	Describe the nature of your present practice. Include the dates of such practice and the names of the attorneys with whom you practice.
B.	Describe the nature of your past practice if different than in subpart "A". Include the
	addresses and dates of your past practice and identify the attorneys with whom you practiced.
C.	Indicate by number your criminal trial experience. (Use approximations if necessary): Trials in Federal Courts: Trials in State Courts: Guilty Pleas & Sentences in Federal Courts: Guilty Pleas & Sentences in State Courts:
D.	Indicate by number your civil trial experience. (Use approximations if necessary):
	Trials in Federal Courts:

- E. For your last five criminal trials, provide: (1) the court and trial judge; (2) case name and number; (3) date(s) of trial; and (4) name, address and telephone number of opposing counsel.

 If you are chosen as a member of the Criminal Justice Act Panel, will you allow attorneys seeking membership in the Panel to observe you in court and will you be able to give guidance to those attorneys?

 Yes
 No

 Do you understand that your application is not considered confidential and that the appointees may be removed from Panel membership without cause or notice?

Describe any specific experience, training, or interest you have in criminal law.

Yes No

VII. Do you understand that the Criminal Justice Act will not provide indemnification for any claims arising as a result of your representation of a CJA client?

Yes No

VIII. Do you have malpractice insurance?

H.

V.

VI.

Yes No

If "No", are you willing to accept appointment under these circumstances?

Yes No

IX. With respect to your legal practice, has a final adjudication or other finding ever been made by a Bar Association, Ethics Committee, Court, or other judicial or quasi-judicial body concerning your ethics or any other disciplinary matter?

Yes No

If your response was in the affirmative, please explain fully and completely each such finding.

X. Are you enrolled for electronic filing and equipped to participate?

- Yes No
- **XI.** Provide the name, address, and telephone number of at least three references with substantial knowledge regarding your credentials for panel membership:

XII. State with specificity all training and experience that you have had with the federal sentencing guidelines:

XIII. State any other information that you want us to know, including but not limited to any law related publications or honors:

XIV. Do you understand if chosen to be on the trial panel you must accept a minimum of 6 federal criminal cases in a calendar year.

- **XV.** How many felony appointments do you estimate you could handle in a month?
- **XVI.** Do you plan on using the services of an associate attorney to assist you, if appointed?

XVII. Do you speak a foreign language? If so what and what is the fluency?

XVIII. Have you ever been removed from a CJA or other appointed panel? If so please explain.

XIX.	Please attach in PDF format (1) Cover Letter explaining why you are applying for the Western District Oklahoma CJA Trial Panel and (2) a substantive pleading in a criminal case as a writing sample.
I hereb	by certify that the above information is true and correct.

Date: _____

s/_____

Attorney

Return by email to:

Ι

Kim Taylor CJA Panel Administrator Suite 109 Old Post Office Bldg. 215 Dean A. McGee Avenue Oklahoma City, Oklahoma 73102 Kim s taylor@fd.org