

THIRD CIRCUIT COURT CRIMINAL DIVISION ATTORNEY ASSIGNMENT APPLICATION

Please Type or Print. Illegible applications will be returned. (As a requirement to receive assignments, any attorney newly admitted to the State Bar of Michigan must contact and shadow an attorney on the approved WCCDBA Mentoring Committee List. Proceedings to be viewed are outlined on the event certification form. Applications will not be accepted without the required documentation.)

Check one: [] New Applicant [] Capital Designation (Answer questions 1 and 8-10 only) [] Reinstatement

1. Name _____ Social Security Number XXX-XX-_____
(Last, First, Middle Initial)

Wayne County Business or Residential Address _____
City, State Zip Code

Business Phone Number (____) _____ Fax Number (____) _____

Cellular Number (____) _____ E-mail Address _____

2. Member of the State Bar of Michigan since _____ Bar Number _____

List all Bar Associations to which you are a member: _____

3. Are you Wayne County Criminal Advocacy Program (CAP) certified? ___Yes ___No

Year last certified: _____

4. The nature of your practice ___ % Criminal ___ % Civil ___ % Juvenile ___ % Domestic

5. List any positions held within the Justice system (date by year, specify county or federal entity)

- a) Served in Defender's Office _____
- b) Served in Prosecutor's Office _____
- c) Served as a Public Administrator _____
- d) Judicial Clerkship _____

6. Are you fluent in a second language? ___Yes ___No If yes, please specify _____

7. Are you certified in American Sign Language? ___Yes ___No

8. Attorney Disciplinary Action (If you answer yes to any of the following you must attach a statement outlining the specific details including the dates of when, where and how it was resolved)

- a) Have you ever been disciplined by the Attorney Grievance Commission? ___Yes ___No
- b) Have you ever been held in contempt of court? ___Yes ___No
- c) Has any court ruled that you were ineffective in representing a criminal defendant? ___Yes ___No
- d) Have you ever admitted being ineffective in any Ginther hearing or motion for new trial or motion to set aside a guilty plea? ___Yes ___No

9. Criminal defense practice experience:

- a) Number of State Court criminal defense case representations **within the past three years:** _____
Date of most recent case: _____ Case number/Name: _____
- b) Number of criminal defense trials: (jury)_____ (non-jury)_____
- c) Number of prosecuted trials: (jury)_____ (non-jury)_____

10. Are you seeking appointment to capital cases? ___Yes ___No **(If yes, you must complete the following)**

List your last five jury trials before a Circuit Court Judge **within the last three years:**

- a) Charge(s): _____ Defendant's Name _____ Year: _____ Judge: _____
- b) Charge(s): _____ Defendant's Name _____ Year: _____ Judge: _____
- c) Charge(s): _____ Defendant's Name _____ Year: _____ Judge: _____
- d) Charge(s): _____ Defendant's Name _____ Year: _____ Judge: _____
- e) Charge(s): _____ Defendant's Name _____ Year: _____ Judge: _____

If appointed to represent indigent defendants in Wayne County, I agree to represent my client at all proceedings. If I cannot attend a proceeding on behalf of my client, I agree to obtain substitute counsel who is deemed certified by the Assigned Counsel Services department. If unable to do so, I agree to notify the Court in a timely manner of my absence.

If appointed to receive assignments, I will allow another attorney to second-chair the case to permit him/her to gain criminal practice experience.

If appointed I will comply with MCL 775.18 which states, "Only 1 attorney in any 1 case shall receive the compensation above contemplated, nor shall he be entitled to this compensation until he files his affidavit in the office of the county clerk, in which such trial or proceedings may be had, that he has not, directly or indirectly, received any compensation for such services from any other source."

I further agree to attend all required CAP sessions as determined by the number of years of my practice. Failure to do so will result in my removal from the Assigned Counsel List.

I hereby certify that the above information is true. Falsifying any information will result in my ineligibility to receive assignments from Third Circuit Court—Criminal Division.

Signature

Date

EVENT CERTIFICATION FORM

ATTORNEY NAME: _____ BAR NUMBER: _____

	DATE	JUDGE	MENTOR SIGNATURE/BAR NUMBER
PRE-EXAM	1.		
JAIL VISIT	1.	N/A	
PRELIMINARY EXAMINATION	1.		
	2.		
AOI	1.		
PLEA	1.		
JURY TRIAL	1.		
SENTENCING	1.		