# UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA

## APPLICATION FOR MEMBERSHIP ON CJA TRIAL ATTORNEY PANEL

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Address:	<u>Office</u>			<u>Home</u>	
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	Southern Division	District Court Panel			
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Colleges a	nd Universities Attended:			
	NAME		PATES (MM/YY - MM/YY)	DEGREE
	NAME		ATES (MM/YY - MM/YY)	DEGREE
	NAME	<u>_</u>	ATES (MM/YY - MM/YY)	DEGREE
Law Schoo	pl(s):			
	NAME	<u>_</u>	PATES (MM/YY - MM/YY)	DEGREE
	NAME	<u>_</u>	PATES (MM/YY - MM/YY)	DEGREE
	nal Work History (use additional pages if necessary	r):		
(a)	CURRENT POSITION (Contact Information on Page 1)			START DATE
(b)	POSITION			
	NAME OF FIRM			
	STREET ADDRESS		SUITE	START DATE
	CITY	STATE	ZIP CODE	END DATE
(c)	POSITION			
	NAME OF FIRM			
	STREET ADDRESS		SUITE	START DATE
	CITY	STATE	ZIP CODE	END DATE
(d)	POSITION			
	NAME OF FIRM			
	STREET ADDRESS		SUITE	START DATE
	CITY	STATE	ZIP CODE	FND DATE

	periods during which you did not practice law starting from when you passed the bar to present.
_	general nature of your practice? TYPICAL CLIENTS AND MENTION ANY LEGAL SPECIALTIES YOU POSSESS.
Check all that	4 annulus
	***
	we practiced primarily criminal law in federal court for at least five years.
	we been employed for the last three years in the criminal division of the USAO or FPDO.
seco	we had primary responsibility as counsel of record in at least 40 criminal cases (state or federal), including serving as and chair in at least two federal felony trials, and have chaired or second-chaired at least four sentencing hearings where
	USSG applied.
∐ I hav	eve served on a federal or state indigent panel. (Please list the panel(s) and period(s) of service below.)
	OT CHECKED ONE OF THE ABOVE, EXPLAIN YOUR RELEVENT QUALIFICATIONS AND EXPERIENCES AND HOW THOSE WILL BE TRANSFERABLE TO NY PRACTICE IN THE CENTRAL DISTRICT OF CALIFORNIA. (YOU MAY INCLUDE CIVIL LITIGATION EXPERIENCE, SUCH AS TRIALS, CONTESTED OSITIONS, ETC.)
IF YOU HAVE NO FEDERAL FELON HEARINGS, DEPO	

	Case Name & No.	
	Party Rep'd & Dates of Rep.	
	Court	
	Name & Tel. of Judge	
	Name & Tel. of Opposing Counsel	
E 1	Name & Tel. of Co-Counsel	
CASE 1	Disposition	
0	App. Case No.; Citation if Rept'd	
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E 2	Name & Tel. of Opposing Counsel  Name & Tel. of Co-Counsel	
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	Summary of Substance of Case	
	Case Name & No.	
	Party Rep'd & Dates of Rep.	
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	Name & Tel. of Judge	
3	Name & Tel. of Opposing Counsel	
CASE	Name & Tel. of Co-Counsel	
Ö	Disposition	
	App. Case No.; Citation if Rept'd Summary of Substance of Case	
	Summary of Substance of Case	
		(add pages as necessary to continue)
INCLU	narize your experience with the feder DE SEMINARS, LECTURES, REFERENCE WORKS ISTED IN QUESTION 9 ABOVE.	al sentencing guidelines. You subscribe to, and sentencing matters you have handled. Provide the type of inform

Describe up to ten of the most significant federal criminal jury trials that you have handled. Include all of the following: case name,

9.

				references who are familiar with your profession
	tation, ethical character, co agement skills.	ommitment to indig	ent defense, qualifica	ations to handle the rigors of federal felony trial
(a)	NAME			
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(b)	) NAME			
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List any a	wards, honors, and recogn	nitions specifically re	elated to criminal de	fense that you have received.

known to applicant.	<b>you.</b> Answers should not reveal privileged or confidential client information. ("Yes" answers do not necessarily disqualify an )
(a)	Have you ever been arrested for, charged with, convicted of, or pleaded guilty or no contest to, the commission of any felony or misdemeanor? Unless your answer is an unqualified "no," state the complete facts and disposition, including the date, name and nature of the offense, and locality, and identify the authority in possession of the relevant records. For matters in which you were treated as a juvenile, you need only disclose convictions, adjudications, or other adverse determinations, including those resulting from no contest pleas or their equivalent, for felony convictions that would be reportable on the State Bar application.  Yes  No
(b)	Have you ever been removed from or voluntarily resigned from any indigent defense panel (or removed from eligibility to receive appointments by any state, county, federal district or circuit court) other than for reasons of relocation or rotation as part of the panel's regular procedures? If so, describe the grounds given, if any, for the removal, and the reasons for the resignation. Personal, family, or health reasons need not be described in detail.
	Yes No
(c)	As the holder of any public office or of any license granted by the United States, or by any state or local government (including the California State Bar), have you ever - to your knowledge - been discharged, disbarred, suspended, or otherwise disqualified, disciplined, or advised that renewal of such license would not be permitted? Have you ever - to your knowledge - been disciplined by any such body, or are you now the subject of a formal or informal investigation concerning the same? Unless your answer to both of the preceding questions is an unqualified "no," state the complete facts and disposition and identify the authority in possession of the relevant records.
	Yes No
(d)	Have you ever been cited for contempt of any court or body having the power of contempt? If so, provide complete details.
	☐ Yes ☐ No
(e)	Has your professional conduct or your professional ethics (including billing practices) ever been the subject of any written inquiry by any court, administrative agency, or bar association? Unless your answer to the preceding question is an unqualified "no," state the complete facts and disposition, including the date, identity of the court, administrative agency, or bar association, and identify the authority in possession of the records.
	☐ Yes ☐ No
(f)	Have you ever been admonished or sanctioned by any court or agency? If so, provide complete details.
	Yes No
(g)	Have you ever been relieved as counsel of record, whether by request or otherwise, on any case in which you were appointed to represent a party in state or federal court? Do not include instances involving substitution by retained counsel, or where the motion to be relieved was based on the existence of a conflict of interest relating to another representation. For all other motions to be relieved, provide complete details of the grounds for the motion, and all of the following: case name, case number, name of the party whom you represented, court, name and telephone number of judge before whom the motion was brought, and name and telephone number of opposing counsel. For motions to be relieved for personal, family, or health reasons, the grounds need not be described in detail.
	☐ Yes ☐ No

Use the provided attachment pages to explain any "YES" answers to the following questions. Provide all responsive information

14.

of opposing co	ted, court, name and telephone number of judge before whom the motion was ounsel.	me, case number, name of the past brought, and name and telephor
motions, trial case, you mus	e writing samples. Preferably, the samples should be from sentencing poll briefs, or issue briefs. All writing submitted must be your own individual west accurately relate your role in the preparation of the writing. E THREE WRITING SAMPLES TO YOUR APPLICATION.	
	the panel, you are expected to attend the mandatory orientation session in the following calendar year. If you are not able to begin panel service in January	
January of the		, please explain.
January of the	following calendar year. If you are not able to begin panel service in January	, please explain.

I certify that I am a member of the bar of the Court of Appeals for the Ninth Circuit (or that my application for membership is pending). I understand that I must remain in good standing with that court at all times if I am appointed to the district court panel. I understand that, if appointed, I will be required to cover duty days, to handle appointed matters from initial appearance through conclusion, and to accept a minimum of four appointments per year.

If appointed, I will notify the CJA Supervising Attorney in writing of the following within seven days: (1) any phone number, fax, address, or email address change; and (2) any new information responsive to question numbers 14 and 15 of this application. I accept that failure to comply with orders, rules, regulations, policies, and procedures administered by the Court may lead to disciplinary action, including removal from the panel. I understand appointment to the panel is at the pleasure of the Court and subject to termination at any time. I further understand that appointment to the panel may be reviewed at any time and will be reviewed at the conclusion of the panel term.

I certify that I have read and am familiar with the Federal Rules of Criminal Procedure, the Local Criminal Rules, the relevant portions of the Federal Rules of Civil Procedure and Local Civil Rules, the Court's General Orders, and the ethical and other requirements of the State Bar of California and California law relating to the representation of criminal defendants, as well as the Guide to Judiciary Policy, Vol. 7A. If I should be appointed to the CJA Trial Attorney Panel, I will comply with all Court orders, rules, and regulations. I release and agree to hold harmless my present and former employers and all persons or entities concerning, without limitation, any and all statements made about me or information provided about me to the CJA Committee or its representatives. I understand that failure to provide true, correct, and complete information in answer to any of the questions on this form will be grounds for denial or non-renewal of panel membership or removal from service on the panel at any time.

re under penalty of perjury under the lav	der penalty of perjury under the laws of the United States that the foregoing is true and correct.			
DATE	SIGNATURE OF APPLICANT			

Submit completed application to CJA Department at: CJA@cacd.uscourts.gov

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

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## Central District of California Criminal Justice Act Trial Attorney Panel Application

### PROFESSIONAL EXPERIENCE INQUIRY AUTHORIZATION AND WAIVER FORM

I authorize the administrators of the disciplinary and inquiry bodies of any court, bar, or other association to disclose to the Criminal Justice Act Committee, or its designees, including the Criminal Justice Act Trial Attorney Panel Defense Advisory Committee of the Central District of California, all information contained in the files of such bodies concerning my present professional status, all complaints that have been made against me and the disposition thereof, and any other information related to my application for the Criminal Justice Act Trial Attorney Panel for the Central District of California. I expressly waive whatever right I may have to confidentiality of the foregoing information.

Panel for the Central District of California to permit the ex	nformation related to my application for the Criminal Justice Act Trial Attor camination or receipt of such records or information by anyone designated by the Criminal Justice Act Trial Panel Defense Advisory Committee.
PRINT OR TYPE NAME	SIGNATURE OF APPLICANT
	DATE SIGNED

#### Central District of California Criminal Justice Act Trial Attorney Panel Application

#### ACKNOWLEDGMENT FORM

I understand that attorneys are selected to serve on the CJA Trial Attorney Panel at the pleasure of the Court to represent indigent defendants, that this application only provides information for the use of the Criminal Justice Act Committee, by delegation from the Court, to select members of the panel and does not create entitlement for participation on the panel or appointment to cases, and that panel attorneys are subject to removal by the Criminal Justice Act Committee.

I understand and agree that representation of an indigent client upon appointment by the Court is a professional privilege and duty and that even if I am placed on the panel, I have no right to be appointed to represent any indigent client.

I certify that I have read and understand the above an	nd agree to it.
DATE SIGNED	SIGNATURE OF APPLICANT