# UNITED STATES DISTRICT COURT

# CENTRAL DISTRICT OF CALIFORNIA

# APPLICATION FOR MEMBERSHIP ON

# CAPITAL HABEAS ATTORNEY PANEL

INSTRUCTIONS

Your completed application and supporting documents should be e-mailed to margo\_rocconi@fd.org. Your application should include the following:

1. Three representative writing samples, preferably from federal habeas petitions and motion practice, which demonstrate your usual legal writing skill. **The writing samples must be your own work**;

2. At least three professional references who are familiar with your professional experience and competence relevant to this work, your commitment to indigent defense, and your ethical character;

3. A completed application form;

4. A signed Professional Experience Inquiry Authorization and Waiver Form (included in Application); and

5. A signed Acknowledgment Form (included in Application).

Applicants must have an office within the State of California, and should be able to travel to any of the district courts or Ninth Circuit courts when required. Members serve at the pleasure of the Court.

If you are removed from eligibility to receive appointments under the Criminal Justice Act by any federal court, you must notify us immediately, and your membership on the panel will be terminated. If you are reinstated, you may reapply to the panel.

Further details regarding membership, renewal, and removal are available on the Court’s website at [*www.cacd.uscourts.gov/attorneys/capital-habeas*](http://www.cacd.uscourts.gov/attorneys/capital-habeas).

# UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA

APPLICATION FOR MEMBERSHIP ON
CAPITAL HABEAS ATTORNEY PANEL

Please use additional sheets as needed to provide ***complete*** and ***accurate*** information.

1. Name:

LAST FIRST MIDDLE

2. Business:

NAME FROM:

STREET ADDRESS SUITE

TO: PRESENT

CITY STATE ZIP CODEBUSINESS TELEPHONE

BUSINESS EMAIL ADDRESS BUSINESS FAX

EXTENSION

1. Application for

\_\_\_ Lead Counsel Only

\_\_\_ 2nd Counsel Only

\_\_\_ Either

1. State Bar Memberships:

STATE BAR ID NUMBER DATE OF ADMISSION

STATE BAR ID NUMBER DATE OF ADMISSION

STATE BAR ID NUMBER

Date Admitted to the Bar of this Court:

Date Admitted to the Bar of the Court of Appeals for the Ninth Circuit:

 Date Admitted to the Bar of the United States Supreme Court:

List all other courts in which you are presently admitted to practice, including the dates of admission.

COURT DATE OF ADMISSION

COURT DATE OF ADMISSION

COURT DATE OF ADMISSION

DATE OF ADMISSION

1. Colleges and Universities Attended:

NAME DATES (MM/YY - MM/YY) DEGREE

NAME DATES (MM/YY - MM/YY) DEGREE

NAME DATES (MM/YY - MM/YY) DEGREE

Law School(s):

NAME DATES (MM/YY - MM/YY) DEGREE

NAME DATES (MM/YY - MM/YY) DEGREE

1. Professional Work History (use additional pages if necessary):

(a)

POSITION

NAME OF FIRM

STREET ADDRESS SUITE START DATE

CITY STATE ZIP CODE END 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

1. Professional Work History (cont.)

Explain any periods during which you did not practice law starting from when you passed the bar to the present.

1. What is the general nature of your practice?

Describe your typical clients and mention any legal specialties you possess.

1. Please list:
2. Every federal capital habeas case, in any jurisdiction, in which you have served as counsel of record; attach additional pages if necessary:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CASE NAME CASE NUMBER/COURT

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 CASE NAME CASE NUMBER/COURT

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 CASE NAME CASE NUMBER/COURT

1. The approximate number of completed non-capital felony appeals, state or federal, in which you served

 as counsel of record for defendant: \_\_\_\_\_\_\_\_\_\_\_. Please list up to five cases that involved a murder

 conviction, and provide courts and jurisdictions in which those cases were heard:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CASE NAME CASE NUMBER COURT JURISDICTION

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 CASE NAME CASE NUMBER COURT JURISDICTION

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 CASE NAME CASE NUMBER COURT JURISDICTION

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 CASE NAME CASE NUMBER COURT JURISDICTION

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 CASE NAME CASE NUMBER COURT JURISDICTION

1. The approximate number of capital cases (trial or appellate, state or federal) in which you served as counsel of record for defendant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please list case names and numbers for up to five of those cases:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 CASE NAME CASE NUMBER

1. Regarding any habeas corpus proceedings in which you appeared as counsel of record for petitioner, please provide on a separate sheet your experience with civil discovery and depositions, evidentiary hearings, expert witness preparation and testimony, appeals, clemency and/or ancillary proceedings, witness interviews, negotiated settlements, summary judgment and/or motion practice, and/or mental status competency proceedings:

1. In cases other than post-conviction or habeas in which you appeared as counsel of record for a party, please provide on a separate sheet your experience with civil discovery and depositions, hearings, expert witness preparation and testimony, witness interviews, settlement negotiations, summary judgment and/or motion practice, and appeals:

1. Please list your felony trial experience (if more than 10 cases, pick 10 most relevant/serious):

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 CASE NAME CASE NUMBER

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 CASE NAME CASE NUMBER

1. Please list any state appellate or federal appointed counsel programs in which you have received appointments to indigent appeals or writ proceedings:

 Appointed counsel program Approximate dates of participation

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_

 mm/yyyy mm/yyyy

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_

 mm/yyyy mm/yyyy

1. Please provide a brief summary of any other relevant litigation, appellate or criminal law experience, such as clerkships, teaching experience, publications, awards, or any other experience that you think bears upon your fitness to be on this panel, as well as any seminars or training you’ve attended:
2. Date of any previous applications for appointment and/or panel membership submitted to the California Supreme Court or the California Appellate Project (CAP) in San Francisco, or the Eastern, Northern, Central or Southern District of California Capital Habeas Panel, and the results of each application.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE RESULT

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 DATE RESULT

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 DATE RESULT

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 DATE RESULT

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 DATE RESULT

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 DATE RESULT

1. Please describe any trial, appellate or habeas corpus training or continuing legal education, including the date and approximate number of hours, completed in the last 3 years (you may include independent study relating to capital case representation, but please specify; you may attach MCLE certification in lieu of listing courses):

 Type of Training Hours Training covered capital habeas case

 representation?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES/NO

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 YES/NO

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 YES/NO

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 YES/NO

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 YES/NO

1. Please describe any teaching or training you have conducted on trial, appellate or habeas corpus practice, including the date and approximate number of hours, completed in the last 3 years (you may include independent study relating to capital case representation, but please specify):

 Type of Training Hours Training covered capital habeas case

 representation?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES/NO

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 YES/NO

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 YES/NO

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 YES/NO

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 YES/NO

1. Please list and briefly describe areas in which you have any specialized training or experience, such as DNA, forensics, intellectual disability, incompetence, brain damage, head injury, mental illness, other forensics issues, development or presentation of mitigation evidence or ethics.
2. Foreign language proficiency (list languages, and check all that apply):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Read [ ] Write [ ] Speak

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Read [ ] Write [ ] Speak

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Read [ ] Write [ ] Speak

1. Please list the area(s) in which you need improvement and any training needs you have relevant to this work.
2. Please state any other information that should be considered in determining your membership on the Panel.
3. Are you currently a member of the CJA Trial Attorney Panel for the Central District of California?
4. Provide the names, addresses and telephone numbers of at least three professional references who are familiar with your work, professional competence and reputation, commitment to indigent defense, qualifications to handle the rigors of capital habeas work, and time management skills.
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

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 BUSINESS ADDRESS BUSINESS TELEPHONE NUMBER

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 CITY STATE ZIP CODE OTHER NUMBER (HOME, CELLULAR, ETC.)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

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 CITY STATE ZIP CODE OTHER NUMBER (HOME, CELLULAR, ETC.)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

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 BUSINESS ADDRESS BUSINESS TELEPHONE NUMBER

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 CITY STATE ZIP CODE OTHER NUMBER (HOME, CELLULAR, ETC.)

1. List any awards, honors, and recognitions specifically related to criminal defense that you have received.

1. Use the provided attached pages to explain any “YES” answers to the following questions. **Provide all responsive information known to you**. Answers should not reveal privileged or confidential client information. (“Yes” answers do not necessarily disqualify an applicant.)
2. 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 conviction, adjudications, or other adverse determinations, including those resulting from no contest pleas or their equivalent.

□ Yes □ No

1. Have you ever been removed or voluntarily resigned from any indigent defense panel (except for reasons of relocation or rotation as part of the panel’s regular procedures) or removed from eligibility to receive appointments by any state, county, federal district, or circuit court? 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

1. As the holder of any public office or of any license granted by the United States, or by any state or local government, court, administrative agency, or bar association, 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

1. Have you ever been cited for contempt by any court or other body having the power of contempt? If so, provide complete details.

□ Yes □ No

1. 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

1. Have you ever been admonished or sanctioned by any court or agency? If so, provide complete details.

□ Yes □ No

1. 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 numbers, name of the party whom you represented, court, name and telephone number of the judge before whom the motion was brought, and the 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

1. The Court realizes that instances of allegations of ineffective assistance of counsel and representations by counsel of having provided ineffective assistance of counsel can as easily demonstrate quality of performance as indicate problems with performance. With that in mind, the Court requires that you list each case in the past 5 years in which a court has made a finding of ineffective assistance of counsel (whether or not there was a finding of prejudice) or in which you admitted that you provided or may have provided ineffective assistance (whether or not such caused prejudice). Provide complete details, and all of the following: case name, case number, name of the party whom you represented, court, name and telephone number of the judge before whom the motion was brought, and the name and telephone number of opposing counsel.
2. Please submit with this application electronic copies of at least 3 writing samples. At least one of your writing samples should be a federal habeas corpus petition in a case in which you were counsel or co-counsel of record. If you do not have such a sample, you may provide (roughly in order of the weight it will be given) briefs or motions in federal capital habeas cases in the district or appellate court, appellate briefs from state court murder appeals or habeas proceedings, or briefs or motion from complex federal civil or criminal appeals. (**Note: All writing submitted must be your own individual work. If you were not the sole counsel on the case, please accurately relate your role in the preparation of the petition or other sample.**)
3. I certify that I am a member 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 handle appointed matters from appointment to conclusion.

**If appointed, I will notify the Chair of the CJA Committee and the Chief of the Capital Habeas Unit for the Federal Public Defender’s Office (FPDO) in writing of the following within seven days: (1) any phone number, fax, address, or email address changes; and (2) any new information responsive to question numbers 21 and 22 of this application, including all relevant information and documents concerning such matters.** I accept that failure to comply with court orders, rules, regulations, or these policies and procedures may lead to disciplinary action, including non-renewal or 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 Civil Procedure, the Local Civil Rules, and the ethical and other requirements of the State Bar of California and California law relating to the representation of criminal defendants and habeas petitioners, as well as the Guide to Judiciary Policy, Vol. 7A. If I should be appointed to the Capital Habeas 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 and correct information in answer to any of the questions on this form will be grounds for denial of panel membership or removal from service on the panel at any time.

If appointed, I will provide certification of my attendance at an approved Continuing Legal Education (CLE) event to the FPDO by December 31st of each calendar year. I understand that the CLE event may include local Central District training (provided by the Court and the FPDO) or a state or national capital habeas training, including the annual Capital Case Defense Seminar put on by California Attorneys for Criminal Justice and the California Public Defenders Association, the Annual National Federal Habeas Training presented by the Habeas Assistance and Training Counsel and the Administrative Office of the United States Courts, or any similar program.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

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 DATE SIGNATURE OF APPLICANT

Submit completed application to the FPDO at: margo\_rocconi@fd.org

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**ATTACHMENT PAGE**

THIS PAGE MAY BE USED TO PROVIDE OR COMPLETE INFORMATION REQUESTED BY APPLICATION QUESTIONS.

**Question number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Question number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT PAGE**

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**Question number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Question number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Central District of California**

**Capital Habeas 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 Capital Habeas Attorney Panel 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 Capital Habeas Attorney Panel for the Central District of California. I expressly waive whatever right I may have to confidentiality of the foregoing information.

I also authorize the custodian of any records or information related to my application for the Capital Habeas Attorney Panel for the Central District for California to permit the examination or receipt of such records or information by anyone designated by the Criminal Justice Act Committee, or its designees, including the Capital Habeas Attorney Panel Advisory Committee.

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 PRINT OR TYPE NAME SIGNATURE OF APPLICANT

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE SIGNED

**Central District of California**

**Capital Habeas Attorney Panel Application**

## ACKNOWLEDGMENT FORM

I understand that attorneys are selected to serve on the 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 or non-renewal 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 understand and agree that panel members may not refuse more than two offers of employment during their six-year panel term.

I certify that I have read and understand the above and agree to it.

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 DATE SIGNATURE OF APPLICANT