

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

APPLICATION FOR MEMBERSHIP ON CJA TRIAL ATTORNEY PANEL

1. Name:
- | LAST | FIRST | MIDDLE |
|------|-------|--------|
| | | |

- | | | | |
|------------------------|-------|--------------------|-----------|
| 2. Business: | | | |
| NAME | | FROM: | |
| STREET ADDRESS | | TO: | PRESENT |
| SUITE | | | |
| CITY | STATE | BUSINESS TELEPHONE | EXTENSION |
| ZIP CODE | | | |
| BUSINESS EMAIL ADDRESS | | BUSINESS FAX | |

3. Application for
- ☐ Western Division District Court Panel
- ☐ Eastern Division District Court Panel
- ☐ Southern Division District Court Panel

(Membership on a panel other than the one in the division(s) where the applicant has an office or residence is subject to the needs of the Court.)

4. State Bar Memberships:

STATE	BAR ID NUMBER	DATE OF ADMISSION

Date Admitted to the Bar of this Court: _____

DATE OF ADMISSION

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

DATE OF ADMISSION

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 _____

5. 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

6. 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

6. Professional Work History (cont.)

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

7. What is the general nature of your practice?

DESCRIBE YOUR TYPICAL CLIENTS AND MENTION ANY LEGAL SPECIALTIES YOUR POSSESS.

8. Check all that apply:

- ☐ I have practiced primarily criminal law in federal court for at least five years.
- ☐ I have been employed for the last three years in the criminal division of the USAO or FPDO.
- ☐ I have had primary responsibility as counsel of record in at least 40 criminal cases (state or federal), including serving as second chair in at least two federal felony trials, and have chaired or second-chaired at least four sentencing hearings where the USSG applied.

IF YOU HAVE NOT CHECKED ONE OF THE ABOVE, EXPLAIN YOUR RELEVANT QUALIFICATIONS AND EXPERIENCES AND HOW THOSE WILL BE TRANSFERABLE TO FEDERAL FELONY PRACTICE IN THE CENTRAL DISTRICT OF CALIFORNIA. (YOU MAY INCLUDE CIVIL LITIGATION EXPERIENCE, SUCH AS TRIALS, CONTESTED HEARINGS, DEPOSITIONS, ETC.)

9. Describe up to ten of the most significant federal criminal jury trials that you have handled. Include **all** of the following: case name, case number, name of the party whom you represented, dates of representation, court, and name and telephone number of judge, opposing counsel, and co-counsel. Provide a brief summary of the substance of the case, final disposition, and citation if the case was reported. List the appellate case number if the case was appealed.

IF YOU HAVE NOT HANDLED TEN FEDERAL CRIMINAL JURY TRIALS, LIST THE MOST SIGNIFICANT FEDERAL CRIMINAL MATTERS YOU HAVE LITIGATED, AND UP TO TEN STATE FELONY JURY TRIALS. YOU MAY ALSO LIST FEDERAL (PREFERRED) OR STATE CIVIL JURY TRIALS. PROVIDE THE REQUESTED INFORMATION FOR EACH CASE.

10. Summarize your experience with the federal sentencing guidelines.

INCLUDE SEMINARS, LECTURES, REFERENCE WORKS YOU SUBSCRIBE TO AND SENTENCING MATTERS YOU HAVE HANDLED. PROVIDE THE TYPE OF INFORMATION REQUESTED IN QUESTION 9 ABOVE.

11. List the MCLE courses in criminal law, procedure, or related topics with an emphases on criminal law that you have attended in the past 3 years and state the number of credit hours for each. (The Court prefers that you have attended at least 20 hours of federal-related courses.) In lieu of listing the courses, you may attach the MCLE certificates.

12. Provide the names, addresses and telephone numbers of two professional references who are familiar with your professional abilities and reputation, ethical character, commitment to indigent defense, qualifications to handle the rigors of federal felony trial work, and time management skills.

(a)

NAME

BUSINESS ADDRESS

BUSINESS TELEPHONE NUMBER

CITY

STATE

ZIP CODE

OTHER NUMBER (HOME, CELLULAR, ETC.)

(b)

NAME

BUSINESS ADDRESS

BUSINESS TELEPHONE NUMBER

CITY

STATE

ZIP CODE

OTHER NUMBER (HOME, CELLULAR, ETC.)

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

14. Use the provided attachment 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.)
- (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.
- ☐ 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 motion 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

15. 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 judge before whom the motion was brought, and name and telephone number of opposing counsel.

16. Provide three writing samples. Preferably, the samples should be from sentencing positions, pretrial motions, post-trial motions, trial briefs, or issue briefs. All writing submitted must be your own individual work. If you were not the sole counsel on the case, you must accurately relate your role in the preparation of the writing.

ATTACH THE THREE WRITING SAMPLES TO YOUR APPLICATION.

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 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; (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 Civil Procedure, the Local Criminal Rules, the relevant portions of the Federal Rules of Civil Procedure and 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, 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 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.

I declare under 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.

ATTACHMENT PAGE

THE FOLLOWING PAGES MAY BE USED TO PROVIDE OR COMPLETE INFORMATION REQUESTED BY APPLICATION QUESTIONS.

Question number: _____

Question number: _____

ATTACHMENT PAGE

THE FOLLOWING PAGES MAY BE USED TO PROVIDE OR COMPLETE INFORMATION REQUESTED BY APPLICATION QUESTIONS.

Question number: _____

Question number: _____

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 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.

I also authorize the custodian of any records or information related to my application for the Criminal Justice Act Trial Attorney Panel for the Central District of 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 Criminal Justice Act Trial Panel 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 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 and agree to it.

DATE SIGNED

SIGNATURE OF APPLICANT