

**Pima County Office of Court Appointed Counsel  
Application for Indigent Representation Contract**

**APPLICANT NAME:** \_\_\_\_\_

Applicants must answer *all* questions. Please attach a C.V./Resume. Applicant must submit two writing samples (motion, legal memorandum, or brief recently filed as attorney of record) any additional information you would like to be considered may be attached.

1. Type of case appointments sought (check all that apply):

- Adult felony cases, including extraditions, probation violations and terminations, material witness representation, and drug court cases
- Misdemeanor cases
- Juvenile court cases, including delinquency, dependency, termination of parental rights, guardian-ad-litem, mental health court, and miscellaneous juvenile matters
- Appellate proceedings, and R.32 post-conviction relief litigation
- First Degree Murder cases (non-capital), including trial proceedings, direct appeal, and post-conviction relief.
- First Degree Murder cases (Capital), including trial proceedings, direct appeal, and post-conviction relief. Are you currently qualified for appointment in capital cases under Rule 6.8, Ariz. R. Crim. Pro.? \_\_\_\_\_

2. Name of Lawyer: \_\_\_\_\_

3. Office Address: \_\_\_\_\_

4. Mailing Address (if different from above): \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Phone:

a. Office: \_\_\_\_\_

b. Cell: \_\_\_\_\_

c. Fax: \_\_\_\_\_

d. Firm Name: \_\_\_\_\_

e. Type of Entity:

Sole Proprietorship  Limited Liability Company  Corporation  General Partnership

Other Lawyers in Firm: \_\_\_\_\_

7. Member of State Bar of Arizona in Good Standing:  Yes  No Bar Number: \_\_\_\_\_

8. State Bar of Arizona Admission Date: \_\_\_\_\_

9. Other Bar Memberships and dates: \_\_\_\_\_

10. Has the State Bar of Arizona or any other bar or disciplinary authority ever filed a formal charge against you or made a finding of probable cause that you violated a professional obligation?

No

Yes (Please attach a complete explanation, including dates, the nature of the charge, and the result of the proceeding.)

11. Has a court ever found that you failed to provide effective representation to a criminal defendant?

No

Yes (Please attach a complete explanation.)

12. Have you ever been sued for malpractice?

No

Yes (Please attach a complete explanation.)

13. Has a court ever sanctioned you for misconduct, contempt of court, disclosure/discovery violations, etc.?

No

Yes (Please attach a complete explanation.)

14. Have you ever been charged or convicted of a criminal offense?

No

Yes (Please attach a complete explanation.)

15. Please answer the following questions as accurately as possible.

a. Years Practicing Law (including any judicial clerkships): \_\_\_\_\_

b. Years of Criminal Defense/Prosecution Practice: \_\_\_\_\_

Number of Cases as Primary Attorney: \_\_\_\_\_

Number of Cases taken to Trial to Verdict: \_\_\_\_\_

Number of Murder Cases Handled: \_\_\_\_\_

Number of Appellate Cases Handled: \_\_\_\_\_

c. Years of Juvenile Law Practice: \_\_\_\_\_

Number of Cases: \_\_\_\_\_

Number of Severance /Dependency Trials: \_\_\_\_\_

Number of Appellate Cases Handled: \_\_\_\_\_

16. Have you ever served in an "Advisory Counsel" role? How many times? \_\_\_\_\_

17. Have you ever been appointed by a court to serve as a Guardian Ad Litem? In what type of cases and how many times?

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

18. Indicate the percentage of your practice devoted to the following areas:

a. Criminal Defense \_\_\_\_\_

b. Juvenile Law \_\_\_\_\_

c. Family Law \_\_\_\_\_

d. Other (please specify) \_\_\_\_\_

19. Indicate Jurisdictions and case type of any other current contract for representation of indigent clients. (i.e. state, county, city or federal):

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

20. Indicate any language in which you are fluent, other than English: \_\_\_\_\_

21. Malpractice Insurance (attach a certificate of insurance):

a. Malpractice Carrier: \_\_\_\_\_

b. Coverage Limits: \_\_\_\_\_

By signing below, I swear or affirm that (1) all the information in this application and any papers attached and incorporated into it are true, correct, and complete, to the best of my knowledge and belief; (2) I have read the standard OCAC contract and OCAC billing guidelines and I understand, and am able and prepared to comply with, all the obligations that will be imposed on me if I am awarded a contract; and (3) I will promptly notify OCAC if any information in this application and any attachments becomes incorrect or incomplete.

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_