

ASSIGNED COUNSEL APPLICATION

Approval request for: Flat Rate Hourly Both

Date: _____

Name: _____

Phone: _____

Firm Name (if any): _____ Fax: _____

Address: _____ Email (required): _____

Current Resume attached (required)

Cover letter attached (required)

Bar Admission: _____ Jurisdiction: _____ Date: _____

1. Describe your criminal and/or child protection (CP) practice experience:

2. Trial experience:

No. of criminal jury trials to verdict: _____ No. Felony trials _____

No. Misdemeanor trials _____ No. of criminal court trials to judgment _____

Approx. No. of CP court trials to judgment _____ No. of TPR trials _____

Approx. No. of Family court trials to judgment _____

3. Describe the types of cases you have tried:

4. Appellate experience:

5. Habeas corpus experience:

6. Child protection experience:

7. Family court experience:

8. Approximate number of cases handled:

Criminal cases: _____ Child protection cases: _____ Family cases _____

9. Please describe your civil litigation experience, including your types of practice, trial involvement, etc.:
10. Please describe any other relevant experience, which qualifies you for assigned counsel approval:
- I 1. Please specifically describe all law enforcement experience with which you have been or are currently involved.
12. Do you speak a foreign language? If yes, please give language(s) and level of fluency.
13. Have you ever been convicted of a crime or disciplined/cited for breach of ethics by any Court, Administrative Agency, Bar Association, Disciplinary Committee, or other professional group? If yes, give particulars on separate sheet (required).

Yes No

14. Have you ever had a claim of neglect or abuse substantiated by the Department of Children and Families?
15. Are you now or have you ever been placed on the DCF Child Maltreatment Registry?
16. Names of three lawyers and/or judges who know you and your work and who can be interviewed relative to your qualifications as a lawyer. Please include address and telephone numbers.
17. Please list the areas of practice for which you are requesting case assignments (JD, GA, Juv. Delinquency, Child Protection, AMC/GAL, Appellate, and Habeas Corpus.) Limit 5 court locations plus post-conviction approval. Statewide case assignment requests will not be accepted. Indicate JD, GA or Juvenile Delinquency when listing criminal court locations (e.g. #1. Tolland JD, #2. GA 19 - Rockville, #3. Rockville Juvenile Delinquency, etc.)

1. _____ 2. _____ 3. _____
 4. _____ 5. _____

Criminal appeals CP appeals Habeas Corpus

 Signature

 Date

Submit your application via email to: ocpd.ac.applications@jud.ct.gov
 DO NOT SEND VIA US MAIL OR FAX.
APPLICATION DEADLINE IS FEBRUARY 3, 2012