

APPLICATION FOR THE SACRAMENTO COUNTY CONFLICT CRIMINAL DEFENDER'S PANEL

Please complete the accompanying questionnaire, attach any relevant supporting documents and mail to:

Conflict Criminal Defender's 901 H Street, Suite 409 Sacramento, CA 95814

Level Requirements

Level 1 = 6 months experience in criminal defense, attorney of record, associate counsel, second counsel or assistant counsel in at least 3 criminal cases, 1 of which was tried to completion.

Level 2 = 3 years' experience in criminal defense, 30 felony criminal cases, 7 of which were tried to completion and of those you need to be lead attorney on 5.

Level 3 = 7 years' experience in criminal defense, 45 felony criminal cases, 15 tried to completion and of those 5 must be serious/violent felonies.

Level 4 = 10 years' experience in criminal defense, 60 felony criminal cases, 20 tried to completion and of those 10 must be statutorily defined as serious/violent felony cases and attend a homicide training program within the prior 12 months.

Level 5 DP = Keenan 10 years' experience in criminal defense, 60 felony criminal cases, 20 tried to completion and of those 10 must be statutorily defined as serious/violent felony cases. In addition to being attorney of record in at least 5 homicide cases with at least 3 of them tried to completion and attended 1 homicide and 1 death penalty training program within the prior 12 months.

Level 6 DP = Lead 12 years' experience in criminal defense, 100 felony criminal cases, 50 of which were statutorily defined as serious/violent felony cases and 30 of which were tried to completion, must have served as Keenan counsel in at least 1 death penalty case that was tried to completion and attended 1 homicide and 1 death penalty training with in the prior 12 months.

An attorney can ask for a waiver by writing a letter stating that they do not meet the requirements and the reasons why they feel that they can handle cases in the higher class.

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It is expected that all of the following requests and questions will be answered fully and honestly. Do not read questions narrowly. If you are uncertain of the information being sought, err on the side of disclosure. NOTE: A THOROUGH BACKGROUND CHECK WILL BE DONE ON ALL APPLICANTS.

LEVEL REQUESTED: Mark the level below in which you are requesting to be considered for. (For any level other than level 1 - on a separate sheet of paper identify the last three (3) trials on which you're relying to establish eligibility by providing the following information: court, case number, JS date, primary charge, DDA and co-counsel.)

	Level 1 □	Level 2		
	Level 3 🗌	Level 4		
	Level 5 🗌	Level 6 🗌		
Applicant's Name: (List any other names you have used and the dates of use)				
Business/Government Title:				
Firm/Office:				
Address:				
Phone:				
Email:				

IMPORTANT: All CCD Panel attorneys are required to maintain a business office in Sacramento County or pursuant to CCD Policies and Procedures provide written confirmation of a formal agreement securing suitable space for client meetings, and provide the office address or meeting space address, as well as, a business telephone, business fax and email address to CCD. An attorney may not use their home to meet with clients, witnesses or ancillary service providers unless the attorney maintains a separate business office with a separate entrance at the residence. Please attach written verification of your proposed CCD business address to this application. A copy of your Errors and Omissions insurance declaration page needs to be attached to this application.

Personal Information:
Residence Address:
Home Phone:
Date of Birth:
Place of Birth:
Driver's License Number
Social Security Number:
Date Admitted to California State Bar:
Bar Number:
Education History (Colleges/Law Schools Attended): School Name:
Dates of Attendance:
Degree Received:
Date Degree Received:
School Name:
Dates of Attendance:
Degree Received:
Date Degree Received:
School Name:
Dates of Attendance:
Degree Received:
Date Degree Received:
Professional Work History:
Employer Name:
Position/Title:
Supervisor's Name:
Supervisor's Contact Number/Email Address:

Dates of Employment:
Employer Name:
Position/Title:
Supervisor's Name:
Supervisor's Contact Number/Email Address:
Dates of Employment:
Employer Name:
Position/Title:
Supervisor's Name:
Supervisor's Contact Number/Email Address:
Dates of Employment:
Employer Name:
Position/Title:
Supervisor's Name:
Supervisor's Contact Number/Email Address:
Dates of Employment:
List all courts in which you are presently admitted to practice, including the date of admission in each case. Provide the same information for administrative agencies having special admission requirements.
Describe with specificity the nature of your current practice. Including any areas of emphasis and specialization certified by the State Bar of California, and the nature of your typical clients. If your practice is substantially different now from in the past, give the details of your prior practice, including the time periods involved.

With respect to your career:
How many years of civil litigation experience do you have?
How many years of criminal practice experience do you have?
State the number of cases you have tried to a verdict or judgment in courts of record during your career, including whether you were sole, associate or lead counsel. How many of these cases were:
Civil
Criminal
Jury
Non-jury
With respect to the past five (5) years:
How frequently have you appeared in court (times per month on average)?
How frequently have you appeared at administrative hearing (times per month on average)?
What percentage of your practice involving litigation has been:
Civil
Criminal
Administrative hearings

What percentage of your practice was in:	
Federal courts	
State courts	
Administrative agencies	
Arbitration	
If you lack the required trial experience, describe the experience of special skills which you believe qualify you for the level being sought.	s you possess
Have you ever been summoned, cited, arrested, or taken into custody, indicted convicted or tried for, or plead guilty or no contest to, any felony or misdemeand (excluding minor traffic infractions), or have you ever been requested to appear prosecuting attorney or investigative agency in any matter, military or civil? If so details, including the date, description of the alleged offense, locality and dispose	or offense before any o, provide the
As an attorney or judicial officer, have you ever been investigated, cited, or disciplinated of ethics or unprofessional conduct by, or been the subject of a complain administrative agency, bar association, disciplinary committee or other profession provide the particulars, including the applicable dates and disposition. (Identify even if it was dismissed or did not result in disciplinary action)	nt to, any court, onal group? If so,

As a member of any organization, or as a holder of any office or license (including a driver's license), have you ever been suspended, or otherwise disqualified, or had such license suspended or revoked? Have you ever been reprimanded, censured or otherwise disciplined? Have any charges, formal or informal, ever been made or filed against you? If so, state the complete facts, dates, disposition and organization in possession of the records thereof.
Have you ever been sued by a client? If so, provide the particulars, including the case name and number, court, resolution, and name, current address and telephone number of counsel for the plaintiff.
Have you or your professional liability insurance carrier ever settled a claim against you for professional malpractice? If so, provide the particulars, including the amounts involved and name, current address and telephone number of the claimant and claimant's counsel.
Have you ever been sanctioned in excess of \$1,000 by any court, or have you ever been cited for contempt of any court or tribunal having the power of contempt? If so, give the details, including dates and names, current addresses and telephone numbers of the judges involved and counsel for the adverse parties.

Are you able, with or without reasonable accommodation, to perform the duties of a criminal defense attorney at the level you seek?		
Are you currently engaged in the use of illegal drugs?		
At any time in the last ten (10) years have you sought or received treatment for alcohol or drug abuse or addiction?		
Are you aware of any individual(s) or group(s) who may oppose your application, if so please dentify the potential opponents and provide an explanation.		
Attach a sample or samples of your legal writing (such as a portion or all of an appellate brief, memorandum or points and authorities, opinion letter, etc.). The sample(s) should not exceed a otal of 25 pages.		
Please list five (5) references (name, current address and telephone number):		
Are there any other areas of your background that may be relevant in determining your qualifications to participate in the Conflict Criminal Defender's Panel? If so, please explain.		

BY MY SIGNATURE ON PAGE 9, I ACKNOWLEDGE THAT I HAVE READ AND AGREED TO THE FOLLOWING:

There is no right to be accepted to the CCD Panel, even in minimum qualifications are met. An applicant for admission to the Panel may be denied admission to the Panel.

I have read and understand the Policies and Procedures of the Conflict Criminal Defender's.

I understand CCD attorneys are NOT employees of the County of Sacramento. Being on the Panel allows attorneys to be independent contractors, who agree to accept cases from CCD where the Office of the Public Defender of the Sacramento County is unable to provide representation.

I understand that case assignments are within the sole discretion of the Conflict Criminal Defenders. I understand and agree that if I am placed on the list of attorneys eligible to receive cases from CCD, CCD has no obligation to assign me a specific number of cases or any case(s). The level at which an attorney is classified defines the highest level at which an attorney may be assigned cases by the CCD. An attorney may also be assigned cases at a lower level or no cases.

I acknowledge that I understand the following:

It is critical to the evaluation process that judges, attorney and other individuals feel they may speak freely about the attorney's qualifications for admission to the CCD Panel. Therefore, it is strictly prohibited for an application to contact any individual that the applicant believes has given information about the applicant to CCD for the purpose of attempting to change the input of the person believed to have given the information. Harassment of any person providing information or who is believed by the applicant to have provided information is also strictly prohibited.

Any activity such as is described in the preceding subsection is grounds for denial for admission to the CCD Panel.

Applicants are welcome to cause information to be submitted by third parties on their behalf.

Any false statement on this application is grounds for denial of admission to the CCD Panel.

By submission of this document, attorney applicants agree that decisions of CCD shall be final and binding upon them. Admission to the CCD Panel is contingent upon review and approval by CCD and is within the sole discretion of Conflict Criminal Defenders.

Print Name:			
Date:			
Signature:			

AUTHORIZATION AND RELEASE CONFLICT CRIMINAL DEFENDER'S PANEL

I hereby acknowledge and agree that my application for participation on the Conflict Criminal Defender's Panel may be given to or shared with individuals or entities that assist CCD in evaluating the qualifications of potential participants. I further acknowledge and agree that for the purpose of aiding CCD in evaluating my background and qualifications, CCD's designee(s) will be entitled to seek and obtain information and documents concerning me from prior employers, firms, law schools and other educational institutions, attorneys, judges and other third parties, including but not limited to those individuals set forth in my application.

I hereby authorize any person or entity to release to CCD or its designee(s) any and all information which such person or entity may have about me (whether public, personal or confidential) for the purpose of aiding CCD in evaluating my background and qualifications for participation on the Panel. I understand that I am not entitled to copies of any information received by these agencies, and under no circumstances will I be permitted to know the contents of any information which is deemed confidential by the submitting agencies or such person(s) or entities. In addition, I hereby authorize a photocopy, fax or other non-original transmission of this release to be as valid as the original.

I understand and agree that the information received by CCD is confidential. I further understand and agree that, excepting the final decision of the panel, I am not entitled to any information, written or otherwise, regarding any decisions made by the Conflict Criminal Defender's

I hereby release and discharge the County of Sacramento, Conflict Criminal Defender's together with all their agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing of such information, the investigation of my background and qualification, and this release shall be binding on my legal representatives, heirs and assignee's.

Print Name:	
DI NI I	
Phone Number:	
Date:	
<u></u>	
Signature:	