

TWENTY-THIRD JUDICIAL CIRCUIT
INDIGENT REPRESENTATION RENEWAL APPLICATION

Attorney Name: _____

I was previously accepted to the indigent representation panel by completing an application. _____

Initials _____

I would like to be included on the following panels for appointment:

- Criminal (see below)
- Juvenile Delinquency
- Juvenile Dependency
- Appellate
- Guardian ad Litem – Dependency cases (certification required)
- Capital (see below)

CRIMINAL TIER REQUEST:

- Tier A (All types of offenses/felony and misdemeanor, except Capital)
- Tier B (Class B and C felonies and misdemeanor offenses)

CAPITAL PANEL REQUEST:

CERTIFICATION OF COMPLIANCE WITH CLE REQUIREMENTS

I hereby certify I attended a minimum of six (6) hours of criminal-specific CLEs within the last twelve (12) months to be considered for the indigent defense panel or twelve (12) hours of death penalty CLEs within the last twenty-four (24) months to be considered for the Capital panel and received proper credit from the Alabama State Bar. (This information may be verified by contacting the bar at (334) 269-1515.) My criminal-specific hours include:

<u>DATE</u>	<u>CREDIT HOUR(S)</u>	<u>TOPIC</u>	<u>SPEAKER/LOCATION</u>
1)			
2)			
3)			
4)			

5)

6)

For capital applications, please attach capital CLE hours to this form

CERTIFICATION OF APPLICANT ELIGIBILITY

I hereby certify that:

- 1) My primary place of law practice is in Madison County.
- 2) I am a member in good standing of the Madison County Bar Association.
- 3) I have a physical* office address in Madison County.
- 4) The statements and information in this form are true and correct to the best of my knowledge and belief.
- 5) I have reviewed and must comply with the Mentoring Program Requirements (attached). (Applicable only to attorneys seeking Criminal Appointments)
- 6) I have read and agree to comply with the local Indigent Defense Billing Guidelines and agree to cooperate with the Fee Review Process set out therein.
- 7) I attended the mandatory meeting for attorneys seeking Criminal Appointments on November 15 or December 19, 2019. (Applicable only to attorneys seeking Criminal Appointments)

I understand and agree that any misrepresentation, falsification or material omission of information on this form or my initial application may result in my failure to receive an appointment and/or removal from the panel of attorneys eligible to receive indigent defense appointments.

By my signature, I certify all the above-mentioned information is true and correct.

Signature: _____ **Date:** _____

Printed Name: _____

Physical Address: _____

Telephone Number: _____

* A post-office box is not a physical address.