

STATE OF ALABAMA - _____ JUDICIAL CIRCUIT – FY 20_____
INDIGENT DEFENSE ADVISORY BOARD
Indigent Defense Determination

As members of the Indigent Defense Advisory Board for the _____ Judicial Circuit; and pursuant to Ala. Code (1975) §15-12-1 et seq., (as amended by Act No.2011-678), we, by majority vote, have determined to provide certain indigent defense services in the above circuit by one or more of the following methods as indicated below:

- Appointed Counsel Contract Counsel Public Defender

Additional information and/or reference to any necessary attachments:

SEE LETTER ATTACHED

Presiding Circuit Judge/Advisory Board Chair
Printed Name _____

Date

President/Circuit Bar Association
Printed Name _____

Date

Attorney
Printed Name _____

Date

Attorney
Printed Name _____

Date

Attorney
Printed Name _____

Date

As chair of the above Circuit’s Indigent Defense Advisory Board, I hereby submit the Local Advisory Board’s determination to the Office of Indigent Defense Services.

Presiding Circuit Judge

Date

PLEASE COMPLETE, SIGN & FORWARD TO:

Office of Indigent Defense Services
P. O. Box 302598
Montgomery, AL 36130-2598

FY-20 _____ STATE OF ALABAMA _____ JUDICIAL CIRCUIT
LOCAL INDIGENT DEFENSE ADVISORY BOARD

PLEASE COMPLETE, SIGN & FORWARD TO: Office of Indigent Defense Services
P. O. Box 302598
Montgomery, AL 36130-2598

Pursuant to Ala. Code (1975) §15-12-1 et seq., (as amended by Act No. 2011-678), the following individuals will serve as members of the Local Indigent Defense Advisory Board for the _____ Judicial Circuit, beginning _____, 20_____.

Presiding Circuit Judge/Advisory Board Chair

Printed Name _____

Address _____

Telephone _____

Signature _____

_____ Date

President of the Circuit Bar Association

Printed Name _____

Address _____

Telephone _____

Signature _____

_____ Date

Attorney

Printed Name _____

Address _____

Telephone _____

Signature _____

_____ Date

Attorney

Printed Name _____

Address _____

Telephone _____

Signature _____

_____ Date

Attorney

Printed Name _____

Address _____

Telephone _____

Signature _____

_____ Date