

**APPOINTED COUNSEL CERTIFICATION AS ASSOCIATE COUNSEL
FOR CAPITAL MURDER REPRESENTATION**

The Office of Indigent Defense Services Administrative Rule 355-9-1.-08 establishes attorney qualifications to act as lead and associate counsel in a capital case. Any attorney, whether appointed or public defender, accepting an appointment in a capital case must meet the criteria established by the Administrative Rule. On or after October 1, 2018, an attorney must have submitted this certification form, prior to appointment, to receive an assignment as lead or associate counsel and receive payment from the Fair Trial Tax Fund. This certification list will be maintained and updated by the Office of Indigent Defense Services and distributed to the Presiding Judge of each judicial circuit yearly, or when updates are necessary.

This application for certification must be completed and either mailed, emailed or faxed to the Office of Indigent Defense Services no later than August 31, 2018. The contact information for the Office of Indigent Defense Services is as follows:

Mailing: P.O. Box 302598, Montgomery, AL 36130-2598
Email: oids@oids.alabama.gov
Fax: (334) 353-4405

Attorney Information

Name: _____

Firm: _____

Address: _____

_____ (City) _____ (County) _____ (State)

Email: _____ Phone: _____

Certification to Act as Associate Counsel

I. Admission Date to Alabama State Bar: _____

If less than three (3) years, please list any prior bar admissions in other states:

I verify have at least three (3) years of criminal litigation experience:

___ YES ___ NO

II. I verify I am familiar with the Alabama Rules of Professional Conduct, current criminal practice and procedure in Alabama, and capital jurisprudence established by the U.S. Supreme Court and the Supreme Court of Alabama.

___ YES ___ NO

III. I verify I have participated as trial counsel in at least four (4) jury trials to verdict or hung jury. [Please provide list of case(s) below. If more than four jury trials have been conducted, only four need to be listed.]

County	Case # (if known)	Case Caption	Date Resolved

IV. I verify I have substantial familiarity with, and experience in the use of, scientific and medical evidence in litigation.

___ YES ___ NO

V. I verify I have completed a capital defense related seminar in the past two (2) years. (Counsel must attach a copy of CLE transcript).

___ YES ___ NO

In submitting this application for certification, I authorize the Office of Indigent Defense Services, the local Indigent Defense Advisory Board and the Indigent Defense Review Panel to contact all persons, firms, officers, organizations, state and federal agencies and any other entity about the information set forth herein and to request any relevant documentation, records or other information necessary to conduct a full investigation of this application.

Applicant Signature

Date

Applicant's Printed Name