Attorney's Application to Provide Legal Services as Court-Appointed Counsel Criminal Advisory, Probate, Witness Counsel, Contempt, Truancy (hourly) and Guardian *ad litem* for Adults

Note: If selected, the attorney's name will be placed on the Judicial District's list of qualified appointees.

Name:	First	Middle	Last			
Firm:						
	s Address:					
	s Phone:					
Fax:		Home #:				
E-mail:						
Attorney	y Registration Number:					
This app	plication is to provide represen	tation in the 20th Judicial	District for (check a	ll that apply):		
•	Advisory counsel in crir	ninal matters, pursuant to	Chief Justice Directi	ve 04-04.		
•	• Counsel in truancy pursuant to Title 22 or probate matters pursuant to Title 15, Article 14,					
	C.R.S.					
	Counsel for a witness re	garding self-incrimination	pursuant to Chief Ju	stice Directive 04-		
	04.					
	Counsel for a grand jury	-				
	Counsel in contempt pro	oceedings pursuant to Rule	e 107(d) and 407(d) o	of the Colorado Rules		
	of Civil Procedure.					
	Guardian <i>ad litem</i> service Directive 04-05.	ees for impaired adults in o	civil cases pursuant t	o Chief Justice		
If you as	re only able to provide represes:	ntation in certain counties	within the district, p	please specify those		
	ndicate <i>all</i> districts in which a separate application to each o					
<u>LEGAI</u>	L EDUCATION:					
School _		Degree	2	Date		
School _		Degree	e	Date		

Year of Admission to Practice be	fore the Color	rado Supreme Court				
Has a malpractice suit ever been brought against you, have you been disciplined, or is any such action pending? If yes, please explain. (Attach additional sheets, as needed.)						
Please include a printout of your http://www.coloradosupremecour		istory (or lack thereof) from the Supreme Court web/AttSearch.asp.	site.			
EXPERIENCE:						
How many years have you been e	engaged in the	practice of law:				
Please describe any employment	(including sel	f-employment) experience in the following:				
	Years	Place(s)				
() as Court Appointed Counsel in matters listed above _						
() as a Judge						
() as a U.S. Attorney, District Attorney, or Attorney General						
() as a Public Defender or Alternate Defense Counsel						
() as a City/ County Attorney						
() as a Guardian <i>ad litem</i>						
() as a Private Practitioner (and with what firm?)						
() other (please specify)						
	ty representati	at your qualifications and experience to help us evaluation for parties to whom you would be appointed in respected.)				

<u>REL</u>	EVANT TRAINING			
have	e provide information concerning any training and Continuing Legal Education Program Credits you obtained in the last three years that you feel would assist you in providing representation in the matters hich you are applying. (Please provide the title of the program, the number of CLE credits obtained,			
	ne dates of attendance. Attach additional sheets if necessary.)			
SPEC	CIAL SKILLS/INTERESTS:			
	n believe you have special skills or knowledge which would make you more qualified to handle n types of cases, please advise:			
() F	Oreign Language Proficiency			
() C	•			
() 0				
SUPI	PORT STAFF			
Pleas	e list the support staff and other resources that will be available to you to support the adequate sentation of any and all clients that may be assigned:			
not ha	aking a selection for the District's list. If you believe that the judicial officers in your district have ad sufficient opportunity to observe your work, please list three judges, magistrates, or attorneys can provide references regarding your performance.			
	Name and District Phone Number			
1	Name and District			
2				
<u>SELI</u>	F CERTIFICATION:			
()I	believe that I am capable of handling any case to which I am appointed.			
()	I understand that I will be required to use the Court Appointed Counsel on-line system to request all fees.*			
()	I currently maintain a policy of professional liability insurance and will maintain such insurance throughout the duration of any appointments. I will provide to the Department a copy of my Certificate of Insurance upon request.			
()	I □ am □ am not a current employee of the State of Colorado. I □ am □ am not a retiree of the Public Employees Retirement Association (PERA).			
()	I \square am \square am not a current employee of a PERA-affiliated employer (other than the State of Colorado).			

The other qualified attorneys who will be available to substitute for me at court appearances for which my presence is not critical are: (Attorneys listed below must also submit an application to the court to demonstrate their qualifications.)			
Attorney name	Attorney registration number		
Attorney's Signature	Date		

Submit this application and refer questions to:

The deadline for submitting applications is 5:00 p.m., Friday, March 29, 2024.

Please submit applications to: Tracey Sogi, Court Executive PO Box 4249 Boulder, CO 80306

Or applications may be emailed to: tracey.sogi@judicial.state.co.us

NOTE: This application does not pertain to providing services as Guardian ad litem for representation of minors. Those interested in that area should contact the Office of the Child's Representative. Nor does it pertain to RPC or ADC. Please contact those offices if you have an interest in serving in those capacities.