**Attorney’s Application to Provide Legal Services as**

**Court-Appointed Counsel in Extreme Risk Protection Order Cases**

**HOURLY Appointments**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Business Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application is to provide representation as Counsel in proceedings in which appointment of counsel at public expense is authorized or required under section 13-14.5-103, C.R.S., and Chief Justice Directive 04-05, as amended, in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Judicial District(s). If you are only able to provide representation in certain counties within the district(s), please specify those counties:

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Please indicate ***all*** districts in which you are applying to serve as Court-Appointed Extreme Risk Protection Order Counsel. (You must submit a separate application to each district.)

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Further, the undersigned declares as follows:

Year of Admission to Practice Before the Colorado 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.)

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Please include a printout of your disciplinary history (or lack thereof) from the Supreme Court web site. <http://www.coloradosupremecourt.com/Search/AttSearch.asp>.

**EXPERIENCE:**

I am currently licensed to practice law in the State of Colorado, the license having been initially granted in the year \_\_\_\_\_\_\_\_\_\_\_\_.

Please provide any additional information about your qualifications and experience to help us evaluate your ability to provide high quality representation for parties to whom you would be appointed in relation to this application. (Attach additional sheets, as needed.)

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**SPECIAL SKILLS/INTERESTS:**

If you believe you have special skills or knowledge which would make you more qualified to handle certain types of cases, please advise:

( ) Foreign Language Proficiency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPPORT STAFF**

Please list the support staff and other resources that will be available to you to support the adequate representation of any and all clients that may be assigned:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**REFERENCES:** The performance in the court or district in which you are applying will be considered in making a contractor selection decision. If you believe that the judicial officers in your district have not had sufficient opportunity to observe your work, please list three judges, magistrates, or attorneys who can provide references regarding your performance.

Name and District Phone Number

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SELF CERTIFICATION:**

( ) I believe that I am capable of handling any Extreme Risk Protection Order 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 payments.

( ) 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 *🞎* ***am*** *🞎* ***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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Attorney’s Signature Date

**Submit this application and refer questions to the Court Executive for the District(s) to which you are applying. Addresses for the Courts and names of Court Executives can be located at:**

[**https://www.courts.state.co.us/Administration/Unit.cfm?Unit=ExtRisk**](https://www.courts.state.co.us/Administration/Unit.cfm?Unit=ExtRisk)

**If you are selected and have not used the Court Appointed Counsel system for billing, you can find information on the bottom section of this website:** [**https://www.courts.state.co.us/Administration/Unit.cfm?Unit=ExtRisk**](https://www.courts.state.co.us/Administration/Unit.cfm?Unit=ExtRisk)

**You may also contact** **CACpayments@judicial.state.co.us**

**Deadline for submitting applications TO THIS DISTRICT is (contact District Administration)**