**Attorney’s Application to Provide Legal Services as Court-Appointed Counsel**

**Criminal Advisory, Probate, Witness Counsel, Contempt, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

This application is to provide representation in the 1st Judicial District for (check all that apply):

* \_\_\_\_ Advisory counsel in criminal matters, pursuant to Chief Justice Directive 04-04.
* \_\_\_\_ Counsel in probate matters pursuant to Title 15, Article 14, C.R.S.
* \_\_\_\_ Counsel for a witness regarding self-incrimination pursuant to Chief Justice Directive 04-04.
* \_\_\_\_ Counsel for a grand jury witness pursuant to Section 16-5-204, C.R.S.
* \_\_\_\_ Counsel in contempt proceedings pursuant to Rule 107(d) and 407(d) of the Colorado Rules of Civil Procedure.
* \_\_\_\_ Guardian *ad litem* services for impaired adults in civil cases pursuant to Chief Justice Directive 04-05.
* \_\_\_\_ Counsel for a Juvenile or Parent in Truancy cases pursuant to Chief Justice Directive 04-05.

If you are only able to provide representation in certain counties within the district, please specify those counties:

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

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**LEGAL EDUCATION:**

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

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:**

How many years have you been engaged in the practice of law: \_\_\_\_\_\_\_\_\_\_\_

Please describe any employment (including self-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 *ad litem* \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) as a Private Practitioner \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(and with what firm?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) other (please specify) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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**RELEVANT TRAINING**

Please provide information concerning any training and Continuing Legal Education Program Credits you have obtained in the last three years that you feel would assist you in providing representation in the matters for which you are applying. (Please provide the title of the program, the number of CLE credits obtained, and the dates of attendance. Attach additional sheets if necessary.)

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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 selection for the District’s list. 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SELF 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 *🞎* ***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:**

[**01CourtAdministration@judicial.state.co.us**](mailto:01CourtAdministration@judicial.state.co.us)

Deadline for submitting applications TO THIS DISTRICT is **April 19, 2020**

**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.**