



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 \_\_\_\_\_.

My experience during the past three years in representing persons in Mental Health matters similar to those matters covered by this application includes the following number of Mental Health cases:

\_\_\_\_\_.

Please describe any employment (including self-employment) experience in the following areas:

	<b>Years</b>	<b>Place(s)</b>
( ) as Counsel for Respondents in Mental Health matters	_____	_____
( ) 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 Mental Health matters. (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 under the terms of the Contract:

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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.

	<u>Name and District</u>	<u>Phone Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**SELF CERTIFICATION:**

- ( ) I believe that I am capable of handling any Mental Health 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 currently maintain a policy of professional liability insurance and will maintain such insurance throughout the term of the Contract including any period of continuing duties after expiration of the Contract appointment period. I will provide to the Department a copy of my Certificate of Insurance upon execution of the Contract.
- ( ) 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

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

**Submit this application and refer questions to:**

Jenni Turnidge, Deputy District Administrator  
7325 S. Potomac St. #205  
Centennial, CO 80112  
(303) 649-6380  
[Jenni.turnidge@judicial.state.co.us](mailto:Jenni.turnidge@judicial.state.co.us)

**Deadline for submitting applications TO THIS DISTRICT is April 20, 2018.**