

APPLICATION FOR MEMBERSHIP ON THE CJA CAPITAL HABEAS PANEL

APPLICATION INSTRUCTIONS

Applications to the CJA Capital Habeas Panel for the Central District of California are accepted at any time. Your application and supporting documents should be e-mailed to tatiana_craven@fd.org. Your application should include the following:

1. Two representative writing samples, preferably from federal habeas petitions and motion practice, which demonstrate your usual legal writing skill. **The writing samples must be your own work;**
2. A list of 5 professional references who are familiar with your professional experience and competence relevant to this work, your commitment to indigent defense, and your ethical character;
3. A completed application form, copy enclosed;
4. A signed Professional Experience Inquiry Authorization and Waiver Form, copy enclosed; and
5. A signed Acknowledgment Form, copy enclosed.

Applicants must have their office within the state of California, and should be able to travel to any of the district courts or Ninth Circuit courts when required. Members serve at the pleasure of the Court, as delegated to the Selection Board. If you are removed from eligibility to receive appointments under the Criminal Justice Act by any federal court, you must notify us immediately, and your membership on the panel will be terminated. If you are reinstated, you may reapply to the panel. Further details regarding membership, renewal, and removal are included in the enclosed information package.

5. Have you ever been admonished or sanctioned by any Court or agency? If so, please explain.
6. In the past 5 years have you moved to be relieved on any case where you were appointed as counsel, whether in state or federal court? If so, please explain.

7. Colleges and Universities Attended:

_____	_____	_____
NAME	DATES (MM/YY-MM/YY)	DEGREE
_____	_____	_____
NAME	DATES (MM/YY-MM/YY)	DEGREE
_____	_____	_____
NAME	DATES (MM/YY-MM/YY)	DEGREE

Law School Attended:

_____	_____	_____
NAME	DATES (MM/YY-MM/YY)	DEGREE
_____	_____	_____
NAME	DATES (MM/YY-MM/YY)	DEGREE

8. Professional Work History:

(a) _____

POSITION	_____
NAME OF FIRM	SUPERVISOR/MANAGING PARTNER
STREET ADDRESS	START DATE
CITY	STATE
ZIP CODE	END DATE

(b)

_____			_____
POSITION			
_____		_____	
NAME OF FIRM		SUPERVISOR/MANAGING PARTNER	
_____			_____
STREET ADDRESS			START DATE
_____	_____	_____	_____
CITY	STATE	ZIP CODE	END DATE

(c)

_____			_____
POSITION			
_____		_____	
NAME OF FIRM		SUPERVISOR/MANAGING PARTNER	
_____			_____
STREET ADDRESS			START DATE
_____	_____	_____	_____
CITY	STATE	ZIP CODE	END DATE

9. Please List:

(a) Every federal capital habeas case, in any jurisdiction, in which you have served as counsel of record, attach additional page if necessary:

_____	_____
CASE NAME	CASE NUMBER/COURT
_____	_____
CASE NAME	CASE NUMBER/COURT
_____	_____
CASE NAME	CASE NUMBER/COURT
_____	_____
CASE NAME	CASE NUMBER/COURT
_____	_____
CASE NAME	CASE NUMBER/COURT

(b) The approximate number of completed non-capital felony appeals, state or federal, in which you served as counsel of record for defendant, and please list up to five cases that involved a murder conviction, including courts and jurisdictions in which those cases were heard:

NUMBER OF CASES

_____	_____	_____	_____
CASE NAME	CASE NUMBER	COURT	JURISDICTION
_____	_____	_____	_____
CASE NAME	CASE NUMBER	COURT	JURISDICTION
_____	_____	_____	_____
CASE NAME	CASE NUMBER	COURT	JURISDICTION

(f) Please list your felony trial experience (if more than 10 cases, pick 10 most relevant/serious):

_____	_____
CASE NAME	CASE NUMBER
_____	_____
CASE NAME	CASE NUMBER
_____	_____
CASE NAME	CASE NUMBER
_____	_____
CASE NAME	CASE NUMBER
_____	_____
CASE NAME	CASE NUMBER
_____	_____
CASE NAME	CASE NUMBER
_____	_____
CASE NAME	CASE NUMBER
_____	_____
CASE NAME	CASE NUMBER
_____	_____
CASE NAME	CASE NUMBER
_____	_____
CASE NAME	CASE NUMBER

10. Please list any state appellate or federal appointed counsel programs in which you have received appointments to indigent appeals or writ proceedings:

Appointed counsel program	Approximate dates of participation	
_____	From: _____	To: _____
	mm/yyyy	mm/yyyy
_____	From: _____	To: _____
	mm/yyyy	mm/yyyy
_____	From: _____	To: _____
	mm/yyyy	mm/yyyy
_____	From: _____	To: _____
	mm/yyyy	mm/yyyy
_____	From: _____	To: _____
	mm/yyyy	mm/yyyy

11. Please provide a brief summary of any other relevant litigation, appellate or criminal law experience, such as clerkships, teaching experience, publications, awards, or any other experience that you think bears upon your fitness to be on this panel, as well as any seminars or training you've attended:

12. Date of any previous applications for appointment and/or panel membership submitted to the California Supreme Court or the California Appellate Project (CAP) in San Francisco, or the Eastern, Northern, Central or Southern District of California Capital Habeas Panel, and the results of each application.

_____	_____
DATE	RESULT
_____	_____
DATE	RESULT
_____	_____
DATE	RESULT
_____	_____
DATE	RESULT
_____	_____
DATE	RESULT
_____	_____
DATE	RESULT

13. Please describe any trial, appellate or habeas corpus training or continuing legal education, including the date and approximate number of hours, completed in the last 3 years (you may include independent study relating to capital case representation, but please specify):

Type of Training	Hours	Training covered capital habeas case representation?
_____	_____	_____
TYPE OF TRAINING	HOURS	YES/NO
_____	_____	_____
TYPE OF TRAINING	HOURS	YES/NO
_____	_____	_____
TYPE OF TRAINING	HOURS	YES/NO
_____	_____	_____
TYPE OF TRAINING	HOURS	YES/NO
_____	_____	_____
TYPE OF TRAINING	HOURS	YES/NO

14. Please describe any teaching or training you have conducted on trial, appellate or habeas corpus practice, including the date and approximate number of hours, completed in the last 3 years (you may include independent study relating to capital case representation, but please specify):

Type of Training	Hours	Training covered capital habeas case representation?
_____ TYPE OF TRAINING	_____ HOURS	_____ YES/NO
_____ TYPE OF TRAINING	_____ HOURS	_____ YES/NO
_____ TYPE OF TRAINING	_____ HOURS	_____ YES/NO
_____ TYPE OF TRAINING	_____ HOURS	_____ YES/NO
_____ TYPE OF TRAINING	_____ HOURS	_____ YES/NO

15. Please list areas of specialized training or experience and briefly describe, including but not limited to DNA, forensics, mental retardation, incompetence, brain damage, head injury, mental illness, other forensics issues, development or presentation of mitigation evidence or ethics.

16. Foreign language proficiency: (List languages, and check all that apply):

_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak

17. Please list the area(s) in which you need improvement and any training needs you have relevant to this work.

18. Please state any other information that should be considered in determining your membership on the Panel.
19. Are you now a member of the District Court Criminal Justice Act Panel for the Central District of California?
20. Please provide the names, address and telephone numbers of 5 professional references who are familiar with your professional qualifications and experience relevant to this work, your commitment to indigent defense, and your ethical character.
21. Please submit with this application at least 2 electronic copies of your writing samples. At least one of your writing samples should be a federal habeas corpus petition in a case in which you were counsel or co-counsel of record. If you do not have such a sample, you may provide (roughly in order of the weight it will be given) briefs or motions in federal capital habeas cases in the district or appellate court, appellate briefs from state court murder appeals or habeas proceedings, or briefs or motions from complex federal civil or criminal appeals. **(Note: All writing submitted must be your own individual work. If you were not the sole counsel on the case, please accurately relate your role in the preparation of the petition or other sample.)**

22. Certification.

I hereby certify that the answers given by me to the foregoing questions and statements made are true and correct, to the best of my knowledge. I certify I have read and am familiar with the Local Criminal Rules, Local Civil Rules and Local Habeas Corpus Rules, as well as the related provisions of the Federal Rules, along with the Guide to Judiciary Policies and Procedures, Vol. VII and the Central District and Ninth Circuit Capital Habeas Budgeting and Costs Procedures. I certify that I will give serious consideration to accepting appointment on a case offered to me as a member of this panel and that I will disclose to the panel administration the reason(s) for declining any offered appointment. If I should be appointed under the application, I will comply with all orders, rules and regulations administered by the Court. I do hereby release and agree to hold harmless any prior employer, panel administrator, co-counsel, and any and all persons or entities concerning, without limitation, any and all statements made about me or information provided about me to the committee or its representatives. If, upon investigation, anything contained in this application is found to be untrue, I understand I may be dismissed from the panel upon the finding of a material untruth.

DATE

SIGNATURE OF APPLICANT

Please use these sheets as needed to provide complete and accurate information

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Central District of California
Criminal Justice Capital Habeas Application Form
Office of the Federal Public Defender
321 E. 2nd Street
Los Angeles, CA 90012
(213) 894-4103

**PROFESSIONAL EXPERIENCE INQUIRY
AUTHORIZATION AND WAIVER FORM**

I hereby authorize the administrators of the disciplinary and inquiry bodies of any court, bar or other association to disclose to the Criminal Justice Act Capital Habeas Panel Selection Board of the Central District of California all information contained in the files of such bodies concerning my present professional status, all complaints which have been made against me, together with the disposition thereof. I expressly waive whatever right I may have to confidentiality of the foregoing information.

I also hereby authorize the custodian of any records or information related to my application for the Criminal Justice Act Capital Habeas Panel Selection Board for the Central District of California to permit the examination or receipt of such records and/or information by anyone designated by the Criminal Justice Act Capital Habeas Panel Selection Board.

Print or Type Name

Signature

Social Security Number

Date Signed

Central District of California
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Los Angeles, CA 90012
(213) 894-4103

ACKNOWLEDGMENT FORM

I understand that attorneys are selected to serve on the panel at the pleasure of the Court to represent indigent defendants; that this application only provides information for the use of the Capital Habeas Panel Selection Board, by delegation from the Court, to select members of the panel and does not create entitlement for participation on the panel or appointment to cases; and that panel attorneys are subject to removal by the Capital Habeas Panel Selection Board.

I understand and agree that representation of an indigent client upon appointment by the Court is a professional privilege and duty and that even if I am placed on the panel, I have no "right to appointment" to represent any indigent client.

I understand that failure to provide true and correct information in answer to any of the questions on this form will be grounds for denial of panel membership or removal from service on the panel at any time in the future.

I certify that I have read and understand the above and agree to it.

Date: _____

Signature