

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

Note: If selected, the attorney’s name will be placed on the Municipal Court’s list of qualified appointees.

Name: _____
 First Middle Last

Firm: _____

Business Address: _____

Business Phone: _____ Cellular #: _____

Fax: _____ Home #: _____

E-mail: _____

Attorney Registration Number: _____

This application is to provide representation in the Castle Rock Municipal Court (attach resume).

Castle Rock Municipal Court convenes weekly on Wednesday afternoons. Are you generally available during this timeframe?

You may occasionally be required to visit clients in custody. Are you available to visit clients in custody in Douglas County?

Please indicate *all* courts in which you are appointed to serve as Court-Appointed Counsel (You must submit a separate application to each district.): _____

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.)

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)
<input type="checkbox"/> as Court Appointed Counsel in matters listed above	_____	_____
<input type="checkbox"/> as a Defense Attorney	_____	_____
<input type="checkbox"/> Defense work specific to Municipal Court	_____	_____
<input type="checkbox"/> as a Judge	_____	_____
<input type="checkbox"/> as a U.S. Attorney, District Attorney, or Attorney General	_____	_____
<input type="checkbox"/> as a Public Defender or Alternate Defense Counsel	_____	_____
<input type="checkbox"/> as a City/ County Attorney	_____	_____
<input type="checkbox"/> as a Guardian <i>ad litem</i>	_____	_____
<input type="checkbox"/> as a Private Practitioner (and with what firm?)	_____	_____
<input type="checkbox"/> 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.)

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.)

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:

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.

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

SELF CERTIFICATION:

- () I believe that I am capable of handling any case to which I am appointed.

- () 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.

- () 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:

Karla McCrimmon
Court Administrator
Castle Rock Municipal Court
KMcCrimmon@CRgov.com