

YOUR LEGAL EXPERIENCE:

Are you currently engaged in the active practice of law?

Yes _____ No _____

How many years have you been engaged in the active practice of law? _____

Where are you currently employed, and in what capacity? _____

What are your current areas of practice? _____

What percentage of your practice will you be able to devote to the Office of the State Public Defender?

Who is your current professional liability insurance carrier? _____

Please indicate the type of case tracking system you employ to monitor potential conflicts of interest AND indicate whether you can provide that data to the Office of the State Public Defender.

Please describe any prior employment with the following:

	<u>YEARS</u>	<u>LOCATION</u>
_____ As a Judge	_____	_____
_____ As a U.S. Attorney	_____	_____
_____ As an Attorney General	_____	_____
_____ As a County Attorney	_____	_____
_____ As a City Attorney	_____	_____
_____ As a Public Defender	_____	_____
_____ As a Private Practitioner	_____	_____

Number of cases tried: (approximate)

	<u>CIVIL</u>		<u>CRIMINAL</u>	
	<u>BENCH</u>	<u>JURY</u>	<u>BENCH</u>	<u>JURY</u>
Montana District Court	_____	_____	_____	_____
Justice or Municipal Court	_____	_____	_____	_____
Tribal Court	_____	_____	_____	_____
Other Court (specify)	_____	_____	_____	_____
U.S. District Court	_____	_____	_____	_____
Youth Court	_____	_____	_____	_____

TYPES OF CASES YOU ARE INTERESTED IN/QUALIFIED TO TAKE

Please indicate the types of cases below for which you are interested in or qualified to represent clients. If you do not have experience in a specific area but you are interested in gaining experience, please indicate that you are interested only.

QUALIFIED **INTERESTED**

CRIMINAL CASES INCLUDING:

Death Penalty	_____	_____
Homicide	_____	_____
Crimes of Violence	_____	_____
Sex Crimes	_____	_____
Drug Crimes	_____	_____
Property Crimes	_____	_____
Theft Crimes	_____	_____

APPELLATE CASES

_____	_____
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POST CONVICTION RELIEF

_____	_____
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SENTENCE REVIEW

_____	_____
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JUVENILE DELINQUENCY

_____	_____
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**MENTAL HEALTH LAW
(INVOLUNTARY COMMITMENTS)**

_____	_____
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**YOUTH IN NEED OF CARE
(DEPENDENCY & NEGLECT)**

_____	_____
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**GUARDIANSHIPS/
CONSERVATORSHIPS**

_____	_____
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OTHER (PLEASE SPECIFY)

_____	_____
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If you represented above that you are qualified in Death Penalty matters, how many clients have you represented in these matters or what training have you engaged in?

If you represented above that you are qualified to represent clients in matters that would be qualified as felonies (i.e. many sex crimes, violent crimes, etc.) but you have not had any of these matters proceed to trial, please describe your experience in these areas. How many clients have you represented in these areas, and what types of cases were they?

If you represented above that you are qualified to represent clients in misdemeanor criminal cases, but you have not had any of these matters proceed to trial, please describe your experience in those areas. How many clients did you represent in these matters, and what types of cases were they?

If you represented above that you are qualified to do Appellate work, how many appeals have you worked on? Please give examples.

If you represented above that you are qualified to do Post Conviction Relief work, how many clients have you represented in these proceedings?

If you represented above that you are qualified to do Sentence Review work, how many clients have you represented in these proceedings?

If you represented above that you are qualified to do Juvenile Delinquency work, how many juveniles have you represented in these proceedings?

If you represented above that you are qualified to do Dependency and Neglect work, how many children or parents have you represented in these proceedings?

If you represented above that you are qualified to do Guardianship cases, how many of these proceedings have you been involved in?

If you represented above that you are interested in any of the given areas, but you don't believe you are qualified to take cases in those areas, how do you intend to become qualified in those areas?

SPECIAL SKILLS:

Do you have any of the following special skills or areas of proficiency?

- _____ Foreign Language _____
- _____ Accounting _____
- _____ DNA or forensic training _____
- _____ Mental health training/experience _____
- _____ Chemical dependency training/experience _____
- _____ Law Enforcement training/experience _____
- _____ Cultural sensitivity training _____
- _____ Other _____

JUDICIAL DISTRICT(S) AND/OR COUNTIES IN WHICH YOU ARE WILLING TO WORK:

PROFESSIONAL REFERENCES:

The following are people familiar with my skills whom you may call for a reference:

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

SELF CERTIFICATION: Please check ones that are applicable.

_____ I believe I have the experience, education and training to effectively handle any criminal case to which I am appointed, including death penalty cases.

_____ I believe I have the experience, education and training to effectively handle any felony criminal case under the Montana Criminal Code.

_____ I believe I have the experience, education and training to effectively handle misdemeanor criminal cases.

_____ I believe I have the experience, education and training to effectively handle Appellate cases.

_____ I believe I have the experience, education and training to effectively handle Post Conviction Relief cases.

_____ I believe I have the experience, education and training to effectively handle juvenile delinquency cases under the Montana Youth Court Act.

_____ I believe I have the experience, education and training to effectively handle civil mental health and developmental disability cases.

_____ I believe I have the experience, education and training to effectively handle dependency and neglect (Youth in Need of Care) cases under Montana Law.

_____ Other (please specify) _____

I have a working knowledge of the relevant Statutes, the Montana Rules of Procedure, the Montana Rules of Evidence, and believe I am capable of representing clients in the matters described above. I make this certification of competency under the Montana Rules of Professional Conduct, Rule 1.1.

Signature

Date

Please send this completed form to:

Contract Manager
Office of the State Public Defender
44 West Park Street
Butte, MT 59701
Telephone: (406) 496-6080
Fax: (406) 496-6098