

OKLAHOMA INDIGENT DEFENSE SYSTEM

P.O. BOX 926

NORMAN, OKLAHOMA 73070

(405) 801-2601

CAPITAL TRIAL COUNSEL APPLICATION

Other bar admissions and dates: _____

Fluency in languages other than English: _____

II. LEGAL EMPLOYMENT

1. Current law position (indicate whether as a partner, associate, sole practitioner, etc.; also indicate if full-time or part-time)

2. General nature of current practice (e.g., criminal -- trial and/or appellate; civil litigation, corporate, gen. practice, etc.)

3. Indicate your legal experience during the last five (5) years, including part-time employment and clerkships. Provide the names, addresses and telephone numbers of employers, including judges, if any, and the dates of employment.

Employer

| | | | |
|------------------|-------|-------|--------------------|
| Position | _____ | Dates | _____ |
| | | | <i>(From - To)</i> |
| Address | _____ | | |
| City, State, Zip | _____ | Phone | _____ |

Employer

| | | | |
|------------------|-------|-------|--------------------|
| Position | _____ | Dates | _____ |
| | | | <i>(From - To)</i> |
| Address | _____ | | |
| City, State, Zip | _____ | Phone | _____ |

Employer

| | | | |
|------------------|-------|-------|--------------------|
| Position | _____ | Dates | _____ |
| | | | <i>(From - To)</i> |
| Address | _____ | | |
| City, State, Zip | _____ | Phone | _____ |

Employer

| | | | |
|------------------|-------|-------|--------------------|
| Position | _____ | Dates | _____ |
| | | | <i>(From - To)</i> |
| Address | _____ | | |
| City, State, Zip | _____ | Phone | _____ |

Employer

| | | | |
|------------------|-------|-------|--------------------|
| Position | _____ | Dates | _____ |
| | | | <i>(From - To)</i> |
| Address | _____ | | |
| City, State, Zip | _____ | Phone | _____ |

4. Provide the names and telephone numbers of three references of persons who are familiar with your legal work (do not submit letters of recommendation):

5. Have you ever contracted with OIDS to represent indigent defendants at trial or on appeal?

Yes No If yes, explain the circumstances.

III. LITIGATION EXPERIENCE

1. Number of years of active criminal defense experience. _____

2. Number of years of active criminal defense experience in Oklahoma. _____

3. During the last five (5) years, how many criminal cases have you handled as lead counsel at the trial level? _____

Of this number, how many were in State Court? _____ Federal Court? _____

4. Estimate the percentage of your practice that you devoted to handling criminal cases for each of the five (5) preceding years.

_____ % (Year 1)

_____ % (Year 2)

_____ % (Year 3)

_____ % (Year 4)

_____ % (Year 5)

5. a) Identify your five (5) most recent criminal trials.

Name and Case Number Court Conviction/Sentence

Name and Case Number Court Conviction/Sentence

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| Name and Case Number | Court | Conviction/Sentence |
|----------------------|-------|---------------------|
| | | |
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|----------------------|-------|---------------------|
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| | | |

| Name and Case Number | Court | Conviction/Sentence |
|----------------------|-------|---------------------|
| | | |
| | | |
| | | |

6. Are you familiar with and experienced in the use of expert witnesses and evidence in psychiatric, forensic, and other fields? _____

7. During the last five (5) years, how many of each of the following types of experts/witnesses have you consulted with and/or examined?

| | | | |
|-------------------------------|-------|--------------------|-------|
| Ballistics Experts | _____ | Police Officers | _____ |
| OSBI / FBI / DEA / ATF Agents | _____ | Psychiatrists | _____ |
| Chemists / Lab Technicians | _____ | Psychologists | _____ |
| Fingerprint Experts | _____ | Serologists | _____ |
| Medical Examiners | _____ | Undercover Agents | _____ |
| Medical Experts | _____ | DNA Experts | _____ |
| Social Workers | _____ | Mitigation Experts | _____ |
| Other (please specify what) | _____ | _____ | _____ |

8. Are you familiar with both criminal practice and criminal procedure in Oklahoma courts? Yes No

9. Do you feel that you can willingly demonstrate the necessary proficiency and commitment which is appropriate to representation of an accused in a capital case? Yes No

IV. TRAINING

- 1. List the CLE courses you have attended or taught during the last three (3) years that involve the practice of criminal law.

| Program Name | Sponsor | Date | Place | Attended (A) or Taught (T) |
|--------------|---------|------|-------|----------------------------|
| | | | | |
| | | | | |
| | | | | |

- 2. Will you agree to attend and complete, within one year of your inclusion on the roster, an educational or training program which is focused on death penalty trials?
 Yes No

V. GRIEVANCE MATTERS

- 1. State whether you have been disbarred, suspended, reprimanded, or otherwise disciplined by any segment of the bar including, but not limited to any local, district or state grievance authority of an organized bar. If yes, give full details by attachment to this application.
 Yes No
- 2. Do you now have any charges or complaints pending against you in any jurisdiction, either in court or grievance committee, including the Professional Responsibility Commission of the Oklahoma Bar Association, that could result in the filing of a malpractice suit, a grievance committee proceeding or disciplinary action? If yes, give full details by attachment to this application.
 Yes No

3. I agree that I will immediately notify the Oklahoma Indigent Defense System of any reason which would render me unfit to continue to provide competent representation.

Yes No

VI. REQUEST FOR INCLUSION ON ATTORNEY ROSTER AS LEAD AND/OR CO-COUNSEL

To be considered for inclusion on the roster for appointment as lead counsel and/or co-counsel, you must fill out the following subsections, as applicable:

A. LEAD COUNSEL

Yes No 1. Do you have five years of active criminal defense experience?

2. Does your experience include:

Yes No a. Being the lead attorney in nine complex cases tried to completion before a jury, plus either lead or co-counsel experience in a case where the death penalty was sought?

Yes No b. If the answer to 2(a) is "yes," of the nine cases just referred to, were you the lead counsel in at least three aggravated murder trials, or at least one murder trial, and five felony trials?

B. CO-COUNSEL

Yes No 1. Do you have three years of active criminal defense experience?

2. Does your experience include:

Yes No a. Being the lead attorney or co-counsel in three or more complex cases tried to completion before a jury, at least two of which were murder or aggravated murder trials?

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Do you understand that you are required to maintain professional liability insurance coverage during the term of any contract entered into as a result of acceptance of assignment to represent an OIDS client?

Yes No

If you are assigned a capital case for an OIDS client, are you willing to provide a copy of your current OBA card for purposes of setting up the contract?

Yes No

Do you understand that an unresolved tax liability owed to the Oklahoma Tax Commission will prevent OIDS from entering into a contract with you?

Yes No

Do you understand that tax liability owed to the Internal Revenue Service may result in a levy against the proceeds of your contract?

Yes No

Have you provided us with the name and tax identification number of the person or entity that will receive the income from the contract for tax purposes?

Yes No

Do you agree that if you accept a case assignment, you will personally defend the OIDS client?

Yes No

Do you understand that subcontracting an OIDS assigned case to another attorney after you have received the assignment is strictly prohibited, and do you agree to comply with this requirement?

Yes No

VIII. ADDITIONAL INFORMATION

Provide any additional information you wish to have considered.

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In submitting this application, I authorize the Indigent Defense System, or its authorized agent, to contact all persons, firms, officers, corporations, associations, organizations, state and federal agencies, institutions, and any other entities about the information set forth herein and to request any relevant documentation, records or other information necessary to conduct a full investigation of this application, including, but not limited to, the records of grievances in possession of a grievance committee or the general counsel of the Oklahoma Bar Association. I further agree that all information received by the Oklahoma Indigent Defense System shall be confidential and that I have no right of access to any information, documentation or records received by the Oklahoma Indigent Defense System from third parties.

Signature:

Date signed: _____

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STATE OF OKLAHOMA)
)
COUNTY OF _____)

I, _____, being duly sworn, state that I have read the foregoing application and answered each question fully and frankly, without concealment, reservation or qualification, and my answers, statements and representations are, to the best of my knowledge, true and complete.

Signature

Subscribed and sworn to before me, on this the _____ day of _____, 20 ____

(SEAL)

Notary Public

My Commission Expires: _____

My Commission No.: _____

RELEASE AND WAIVER

STATE OF OKLAHOMA)
)
COUNTY OF _____)

I, _____, am an applicant to accept cases on assignment from the Oklahoma Indigent Defense System.

As a condition of my application, I freely and voluntarily consent to the Oklahoma Indigent Defense System investigating my legal qualifications and legal work experience, and I expressly authorize the release and disclosure of information relating to my legal qualifications and legal work experience to the Oklahoma Indigent Defense System including, but not limited to, files and records containing such information maintained by former and current employers, educational institutions, governmental bodies, professional associations, and investigative, disciplinary or grievance bodies.

I hereby waive any privilege of confidentiality I might have with respect to the release of any such information, documentation and records.

A photocopy of this authorization shall be considered as effective and valid as the original.

Signature

Subscribed and sworn to before me, on this the _____ day of _____, 20 _____

(SEAL)

Notary Public

My Commission Expires: _____

My Commission No.: _____