



**State of Florida**  
**EIGHTEENTH JUDICIAL CIRCUIT**  
**BREVARD AND SEMINOLE COUNTIES**  
**COURT-APPOINTED ATTORNEY**  
**APPLICATION**

[www.flcourts18.org](http://www.flcourts18.org)

CONTACT PERSON	
<b>BREVARD COUNTY</b> Michelle Kennedy Court Administration 2825 Judge Fran Jamieson Way Viera, FL 32940 (321) 637-5355 <a href="mailto:Michelle.Kennedy@flcourts18.org">Michelle.Kennedy@flcourts18.org</a>	<b>SEMINOLE COUNTY</b> Wendy Whitsett Court Administration 301 N. Park Ave. Suite 301 Sanford, FL 32771 (407) 665-4912 <a href="mailto:Wendy.Whitsett@flcourts18.org">Wendy.Whitsett@flcourts18.org</a>

**GENERAL INSTRUCTIONS**

- Type or print in ink this application in its entirety.
- Mark the appropriate box indicating the county and category of cases for which you are applying.
- Mark the appropriate box indicating you meet the requirements in the categories for which you are applying.
- Sign your name in the Certification Section (page 2). All information you submit is subject to verification.
- Submit an **original and one (1) copy** of the completed application, resume and verification of membership to the Florida Bar, to the contact person in the county for which you are applying.

**APPLICANT INFORMATION**

Name: Last First Middle Initial

Business Address

County City State Zip

( ) - ( ) - ( ) -

Business Phone Fax Alternate Phone

Email Address Florida Bar Number

**PROFESSIONAL REQUIREMENTS**

Please read and initial the following:

I am a member in good standing with the Florida Bar.

I have read the contract for Court Appointed Attorneys located at <http://www.justiceadmin.com>.

I have read the Eighteenth Judicial Circuit's Administrative Order for Court Appointed Attorneys located at: [http://www.flcourts18.org/policies\\_procedures.php](http://www.flcourts18.org/policies_procedures.php)

I have read the 2007-2008 Court-Appointed Attorney Registry Categories sheet and agree provide legal services at the compensations rates specified in sheet and the General Appropriations Act.

I agree to comply with the Justice Administrative Commission's requirements for billing.

I will not solicit compensation from the defendant or other client that I am appointed to represent.

I will notify the Chief Judge, Clerk of the Court and the JAC of any formal complaint filed by The Florida Bar against me; any non-confidential consent agreements entered into between myself and The Florida Bar; and any claim of ineffective assistance that has been set for a hearing before a judge or magistrate.

**Failure to comply with the above professional requirements may result in the attorney being removed from all court appointed lists for a minimum of three years.**

**REGISTRY PREFERENCE**

Mark the appropriate box indicating the category and county for which you are applying.

FY 2007-2008 CATEGORIES	BREVARD	SEMINOLE	FY 2007-2008 CATEGORIES	BREVARD	SEMINOLE
Capital Registry	<input type="checkbox"/>	<input type="checkbox"/>	Dependency & TPR Appeals Registry	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Registry	<input type="checkbox"/>	<input type="checkbox"/>	Guardianship/Other Adult Civil Registry	<input type="checkbox"/>	<input type="checkbox"/>
Delinquency Registry	<input type="checkbox"/>	<input type="checkbox"/>	Baker/Marchman Act Registry	<input type="checkbox"/>	<input type="checkbox"/>
Post- Conviction Registry (3.800 & 3.850)	<input type="checkbox"/>	<input type="checkbox"/>	Other Children's Civil Registry	<input type="checkbox"/>	<input type="checkbox"/>
Capital Appeals Registry	<input type="checkbox"/>	<input type="checkbox"/>	Other Civil Health Registry	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Appeals Registry	<input type="checkbox"/>	<input type="checkbox"/>	Civil Appeals Registry	<input type="checkbox"/>	<input type="checkbox"/>
Dependency & TPR Registry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**ATTORNEY QUALIFICATIONS**

Mark the appropriate box in the categories for which you are applying.

I hereby apply to serve as court-appointed counsel to represent indigent defendants in the categories marked below and certify that I meet the qualifications established for each category by the Indigent Services Committee.

**Capital Cases**

- a) I meet the requirements set forth in Fla. R. Crim. P. 3.112(f) Lead Counsel and/or:
- b) I meet the requirements set forth in Fla. R. Crim. P. 3.112(g) Co-counsel.

**Criminal**

- a) I have \_\_\_\_\_ years of experience practicing criminal law.  
(fill in)

**Criminal Appeals**

- a) I have \_\_\_\_\_ years of experience practicing criminal law.  
(fill in)

**Juvenile Delinquency**

- a) I have \_\_\_\_\_ years of experience practicing criminal law.  
(fill in)

**Guardianship/Other Adult Civil Registry**

- a) I have represent a party in at least five guardianship cases in the past three years; or
- b) I have completed no less than eight hours of a guardianship education class or six hours of credit in one or more Florida Bar CLE guardianship courses.

**Other Civil: Child & Health**

- a) I have \_\_\_\_\_ years of experience practicing civil law.  
(fill in)

**Baker/Marchman Act (Includes Jimmy Ryce)**

- a) I have \_\_\_\_\_ years of experience practicing civil law.  
(fill in)

**Juvenile Dependency & Termination of Parental Rights**

- a) I have represented a party as lead counsel or as secondary counsel in five (5) different cases over the last three (3) years in which a juvenile dependency petition was filed; or
- b) I have represented a party in ten (10) different case over my career in which a juvenile dependency petition was filed; or
- c) I have observed a total of at least thirty (30) hours of juvenile dependency hearings (which include at least six shelter hearings, three dependency trials, and one termination of parental rights trial) and will agree to attend at least three (3) hours of continuing legal education at the Dependency Court Improvement Project Conference or in another CLE seminar devoted to child abuse or neglect per year of enrollment on the Juvenile Dependency Registry.
- d) In addition, to qualify for placement on the Registry, I certify that I am willing to mentor others attempting to meet the above qualifications

**Juvenile Dependency and Termination of Parental Rights Appeals**

- a) I have represented a party as lead counsel or secondary counsel in two (2) different appellate cases over the last five (5) years, including the preparation and filing of a brief with the District Court of Appeal or with the Supreme Court of Florida, in a juvenile dependency or termination of parental rights case; or
- b) I have represented a party in five (5) different appellate cases over my career in which I have handled the appeal, including the preparation and filing of a brief with a District Court of Appeal or with the Supreme Court of Florida, in any type of case.
- c) In addition, to qualify for placement on the Registry, I certify that I am willing to mentor others attempting to meet the above qualifications

**CERTIFICATION**

I certify that to the best of my knowledge and belief, all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith**. I understand that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for consideration and, if I am accepted to the registry and/or issued a contract, may be grounds for refusal of appointment or dismissal at a later date. I understand that if appointed, I am required to adhere to the contract and applicable policies and procedures established by the Eighteenth Judicial Circuit and/or Justice Administrative Commission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date