

**APPLICATION TO SERVE AS COURT-APPOINTED COUNSEL FOR INDIGENTS
6th JUDICIAL CIRCUIT – FAMILY DIVISION**

All attorneys seeking appointments as counsel for indigents must have their principal place of business in Oakland County and must submit this application to the Family Division Administrator.

1. Name / P# _____ Social Security No. _____

Principal Business Address _____

Business Phone No. _____ Fax No. _____ E-mail _____

Cellular Phone No. _____ Pager/Beeper Phone No. _____

2. Please check the appointment categories for which you wish to be considered.

- | | |
|---|---|
| <input type="checkbox"/> A. Attorney for Respondent – Neglect | <input type="checkbox"/> E. Standby Attorney – Delinquency or Neglect |
| <input type="checkbox"/> B. Attorney for Juvenile – Delinquency | <input type="checkbox"/> F. Attorney for Juvenile – Waiver or Designated Proceeding |
| <input type="checkbox"/> C. Lawyer-Guardian ad litem - Neglect | <input type="checkbox"/> G. Attorney for Respondent – PPO Violation |
| <input type="checkbox"/> D. Saturday prelim attorney (NA/DL) | |

3. # Years in Practice _____ Describe your practice (and any specializations) _____

4. Do you have any special skills or hold any special licenses? Yes No

If Yes, What Skills / Licenses _____

5. Are you fluent in any foreign language? If so, please indicate language(s) _____

6. What professional training do you have in the area or areas in which you seek appointments? List by title of training, provider, and year.

7. Do you have other training or experience which is relevant to the areas in which you seek appointments? If yes, please indicate.

8. Have you spoken, taught, presented, or published in the areas in which you seek appointments? If yes, please indicate.

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9. List any professional organization(s) of which you are a member (including sections or committees) which are relevant to the areas in which you seek appointments.

10. Have you ever been reprimanded, suspended or disbarred from the practice of law in this state or any other state in which you are licensed to practice law? NO YES

If Yes, please explain _____

IF YOUR TRAINING IS FROM A PROVIDER OTHER THAN THE OAKLAND COUNTY BAR ASSOCIATION (OCBA), PLEASE ATTACH DOCUMENTATION WHICH REFLECTS ATTENDANCE AND CURRICULUM.

EXPERIENCE

For each category for which you seek appointments, list 3 cases which you have tried to completion.

1st category: A B C D E F G

	Case Name	Court/Judge or Referee	Charge(s)	Date of Trial
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

2nd category: A B C D E F G

	Case Name	Court/Judge or Referee	Charge(s)	Date of Trial
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

3rd category: A B C D E F G

	Case Name	Court/Judge or Referee	Charge(s)	Date of Trial
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

4th category: A B C D E F G

	Case Name	Court/Judge or Refere	Charge(s)	Date of Trial
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

If you wish to supply additional trial information, please attach a separate sheet.

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If you are applying for category A (Attorney for Respondent – Neglect) AND/OR Category C (Lawyer-Guardian Ad Litem – Neglect), please indicate 3 prior cases you have tried in which Termination of Parental Rights has been requested.

Case Name	Court/Judge	Your Role	Date of Trial
1. _____		<input type="checkbox"/> L-GAL <input type="checkbox"/> R's Attorney	_____
2. _____		<input type="checkbox"/> L-GAL <input type="checkbox"/> R's Attorney	_____
3. _____		<input type="checkbox"/> L-GAL <input type="checkbox"/> R's Attorney	_____

Related Trial Experience which you believe is relevant for the categories for which you seek appointment:

List any cases in which you have served as second chair with an experienced mentor which you believe should be considered in reviewing your application.

Case Name/Type	Court/Judge	Date of Trial	Name of Mentor
1. _____			
2. _____			
3. _____			

AGREEMENT

If appointed to represent an indigent party, I agree to be a mentor to a less experienced attorney and I will allow another attorney to second-chair a case to permit him/her to gain family division practice experience.

Your appointment file will be maintained by the Family Division Administration office. The press/public periodically requests access to such files. By checking this box you hereby authorize Family Division administration office employees to provide access to your file upon request.

If appointed to represent an indigent party, I agree to represent my client at all proceedings. If I cannot attend a proceeding on behalf of my client, I agree to obtain substitute counsel who is qualified to represent indigent parties in the category of case to which I was appointed.

I further agree to attend training sessions and/or continuing legal education seminars to maintain my professional currency.

I hereby certify that the above information is true.

Date: _____ Signature: _____

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FOR COURT USE ONLY