

**APPLICATION TO SERVE AS COURT – APPOINTED COUNSEL FOR INDIGENTS
OAKLAND COUNTY PROBATE COURT**

- This is used for appointment of attorneys in Mental Health, Developmental Disability and contested Adult Guardianship cases only. It is not used for Guardian Ad Litem appointments.
- All attorneys seeking appointments as counsel for indigents must have their principal places of business in Oakland County according to the address listed with the State Bar.

1. Name _____ P# _____

Principal Business Address _____

Business Phone No. _____ Fax No. _____

E-mail _____

I am currently in good standing with the State Bar of Michigan.

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

- A. Attorney for Alleged Legally Incapacitated Individual (Adult Guardianship)
- B. Attorney for Alleged Individual with Developmental Disability
- C. Attorney for Mentally Ill Individual (alleged and continuing)

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

4. Are you fluent in any foreign language? If so, which language(s) _____

5. What professional training do you have in the above areas? Include title of training, provider and year, and whether OCBA Attorney Appointment training has been completed.

OCBA _____

Other _____

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

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

8. 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.

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

If Yes, please explain _____

PROBATE EXPERIENCE

For categories for which you seek appointments, list up to 4 such cases in which you were attorney of record or second chair with an experienced mentor (if applicable).

A. Attorney of Record

<u>CASE NAME & FILE NO.</u>	<u>CASE TYPE</u>	<u>COURT/JUDGE</u>
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1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

B. Second Chair

<u>CASE NAME & FILE NO.</u>	<u>CASE TYPE</u>	<u>COURT/JUDGE</u>
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1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Other related trial experience which you believe is relevant to the categories for which you seek appointment:

AGREEMENT

After I gain experience as an appointed attorney, 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 probate court experience.

I understand that my appointment file will be maintained by the Circuit and Probate Court Administration Office. The press and public periodically requests access to such files. By checking this box I authorize Circuit and Probate Court Administration Office employees to provide them access to my 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 with court approval if necessary.

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

I hereby certify that this application is true.

Date: _____ **Signature:** _____

Please submit this application to the Court Appointment Specialist for the Circuit and Probate Courts.

Do not write below this line – For court use only