OKLAHOMA INDIGENT DEFENSE SYSTEM P.O. BOX 926 NORMAN, OKLAHOMA 73070 (405) 801-2601 CAP

CAPITAL TRIAL COUNSEL APPLICATION

PLEASE NOTE: THE OKLAHOMA INDIGENT DEFENSE SYSTEM BOARD HAS ADOPTED THE AMERICAN BAR ASSOCIATION GUIDELINES FOR THE APPOINTMENT AND PERFORMANCE OF COUNSEL IN DEATH PENALTY CASES. THIS APPLICATION AND QUESTIONNAIRE IS DESIGNED TO FACILITATE THE DETERMINATION OF WHETHER AN ATTORNEY POSSESSES THE MINIMUM NECESSARY QUALIFICATIONS UNDER THOSE GUIDELINES TO BE INCLUDED ON THE ROSTER OF ATTORNEYS WHO ARE WILLING TO ACCEPT APPOINTMENTS AS EITHER LEAD COUNSEL OR CO-COUNSEL TO REPRESENT AN INDIGENT DEFENDANT AT THE TRIAL LEVEL IN CAPITAL MURDER CASES. **PLEASE RETURN THE COMPETED APPLICATION, A CURRENT RESUME, A COPY OF YOUR OBA CARD, AND COPY OF YOUR PROFESSIONAL LIABILITY INSURANCE POLICY AND A LIST OF THE COUNTIES FROM WHICH AN APPOINTMENT WOULD BE ACCEPTED. THE REQUESTED DOCUMENTS SHOULD BE MAILED TO THE ATTENTION OF JESSICA ADAMS, AT THE ADDRESS LISTED ABOVE.** IF SEEKING QUALIFICATION UNDER THE ALTERNATIVE PROCEDURES, IN ADDITION TO THE ABOVE, PLEASE PROVIDE A BRIEF STATEMENT OF YOUR CRIMINAL EXPERIENCE AND THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF AT LEAST THREE REFERENCES. THE REFERENCES SHOULD INCLUDE AT LEAST ONE JUDGE THE ATTORNEY HAS PRACTICED BEFORE AND AN ATTORNEY WHO IS FAMILIAR WITH THE APPLICANT'S ABILITIES AS A TRIAL ATTORNEY.

Last Name	First Name	Middle Initial	OBA Number
Doing Business As (if partnership or corport	^f an entity other than the individual ation)	will be the contracting party,	such as a
Firm / Office Name			
Office Address (City /	State / Zip)		
Telephone No.	Fa	ax No.	
Mailing Address (City	/ State / Zip) (only if different from	above)	
E-mail address, if any	1		
Tax Identification Nur receive the income)	nber to Be Used for State Contrac	t (FEI number for the individu	al or entity that will
I. APPLICANT'S	BACKGROUND		
Oklahoma Bar Admiss	sion: Month:	Year:	

Are you admitted to practice in Oklahoma pro hac vice?

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	
Address		(From - To)
City, State, Zip	Phone	
Employer		
Position	Dates	
Address		(From - To)
City, State, Zip	Phone	
Employer		
Position	Dates	
Address		(From - To)
City, State, Zip	Phone	
Employer		
Position	Dates	
Address		(From - To)
City, State, Zip	Phone	
Employer		
Position	Dates	
Address		(From - To)
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):

III. LITIGATION EXPERIENCE

1. ľ	Number of y	ears of active	e criminal	defense	experience.	
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- 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

Name and Case Number	Court	Conviction/Sentence
Name and Case Number	Court	Conviction/Sentence
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?
- 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	
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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.

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 ye	our 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 yo	our experience include:	
T 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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☐ Yes	☐ No	b.	If the answer t	o 2(a) is	s "no," was
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If the answer to 2(a) is "no," was at least one of the cases referenced a murder or an aggravated murder trial, and at least one a felony trial?

C. ALTERNATIVE PROCEDURES FOR THE APPOINTMENT OF LEAD COUNSEL AND/OR CO-COUNSEL IN A CAPITAL CASE

An attorney with extensive criminal defense experience or civil litigation experience who is unable to meet the qualification requirements set out in the guidelines for Lead Counsel or Co-Counsel appointment in the trial of capital cases may be considered for inclusion on the roster for appointment as lead and/or co-counsel in the trial of a capital case if both questions below can be answered yes.

T Yes	☐ No	1.	legalr	bu clearly demonstrate that you will provide competent epresentation to a defendant in a capital case? Give by attachment to this application.
		2.	Do γοι	u meet one or more of the following qualifications:
☐ Yes	☐ No		а.	Prior experience in death penalty trials which does not meet the levels detailed in parts VI(A) and VI(B) above?
☐ Yes	🕅 No		b.	Specialized post-graduate training in the defense of persons accused of capital crimes?
☐ Yes	□ No		C.	Will you be available and actively participate in on-going consultation with experienced death penalty counsel?

VII. COMPLIANCE WITH TERMS OF CONTRACT AFTER CASE ASSIGNMENT

If you accept assignment to represent an OIDS client, are you willing to place reasonable restrictions on your other legal practice to ensure that the client served under the contract is competently represented?	T Yes	∏ No
Do you presently have professional liability insurance?	Yes	□ No

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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?	TYes	∏ 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?	TYes	☐ No
Do you understand that tax liability owed to the Internal Revenue Service may result in a levy against the proceeds of your contract?	TYes	☐ 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?	TYes	☐ 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	Yes	─ No

VIII. ADDITIONAL INFORMATION

you agree to comply with this requirement?

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:

STATE OF OKLAHOMA)
COUNTY OF _____)

My Commission No.:

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.

	Si	Signature	
Subscribed and sworn to before me, on this the	day of	, 20	
(SEAL)			
	Nota	ary Public	
My Commission Expires:			

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)		
	Nota	ry Public
My Commission Expires:		