UNITED STATES DISTRICT COURT DISTRICT OF SOUTH DAKOTA

CJA PANEL APPLICATION FORM

1. Name	Last			First		МІ	
2. Firm Na	ame						
3. Office A	Address						
4. County							
5. Office T	elephone No			5A. Fax No			
6. Home Phone No			6A. Email Address	6A. Email Address			
6B. Cell Pl	hone No						
7. Social S	Social Security No 7A. Law Firm's Tax ID						
8. Law Scł	nool Attended						
9. Degree				9A. Year Awarded			
B. State o C. US 8 th				South Dakota outh Dakota cuit Court of Appeals me Court			
12. Do yo	u hold any public o	ffice or po	sitions?				
13. I have experience with the following types of case					(Specify office or position) es:		
	Criminal	Personal		Medical Malpractice	Employment Discrim	nination	
	Education	Contract		Social Security	Other		
	State Habeas	Federal H	labeas				

14. Experience (Include the number of trials you have handled during the last five years.)

Α.	CRIMINAL TRIAL EXPERIENCE	
	1. Number of federal felony trials	3. Number of state felony trials
	2. Number of federal misdemeanor trials	4. Number of state misdemeanor trials
В.	CIVIL TRIAL EXPERIENCE	
	1. Number of federal civil trials	2. Number of state civil trials
C.	APPELLATE EXPERIENCE	
	1. Number of federal appeals	2. Number of state appeals

- D. OTHER RELEVANT EXPERIENCE
- 15. Have you attended the Federal Public Defender Office training for new CJA panel members? Specify approximate years and locations: 1.2.
- 16. Have you completed coursework or attended CLE in criminal law? Examples with years:
- 17. Are you fluent in a foreign language?
- 18. Do you have special skills or knowledge which would make you more qualified to handle certain types of cases, such as accounting, computers, tax, immigration, Native American studies, child support, other?
- 19. Have you ever been disciplined by any of the courts before which you have been admitted to practice, or, have you ever been found by a court to have delivered ineffective assistance?

19B. If so, explain:

20. I prefer assignment of cases in the following areas of South Dakota:

Aberdeen	Pierre	Sioux Falls	Rapid City
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21. Indicate below your choice of how payments should be reported to the IRS:

Social Security Number Law Firm's Tax ID

FOR CJA ADMISSIONS COMMITTEE USE ONLY

Approved for Active CJA Panel _____

Approved for Training Panel _____

Date Approved: _____

Date Approved: _____