



OKLAHOMA INDIGENT DEFENSE SYSTEM NON-CAPITAL TRIAL CONFLICT COUNSEL APPLICATION

Return completed application to the following:

James Drummond, Division Chief
Non-Capital Trial Division
Oklahoma Indigent Defense System
P.O. Box 926
Norman, OK 73070

Last Name First Middle Initial OBA Number

Doing Business As (*if an entity other than the individual will be the contracting party, such as a partnership or corporation*)

Firm / Office Name

Office Address (City / State / Zip)

Telephone No. Fax No.

Mailing Address (City / State / Zip) (*only if different from above*)

E-mail address, if any

Social Security or Tax Identification Number to Be Used for State Contract
(*SSN or FEI for the individual or entity that will receive the income*)

I. APPLICANT'S BACKGROUND

I affirm that I am a member in good standing with the Oklahoma Bar Association. _____
Initial

Oklahoma Bar Admission: Month: _____ Year: _____

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 three (3) 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. (Attach additional sheets as needed.)

Employer	Position	Dates (From - To)
----------	----------	-------------------

Address	Telephone
---------	-----------

Employer	Position	Dates (From - To)
----------	----------	-------------------

Address	Telephone
---------	-----------

Employer	Position	Dates (From - To)
----------	----------	-------------------

Address	Telephone
---------	-----------

4. Indicate all counties in Oklahoma in which you have accepted appointments in criminal cases and the years you have accepted such appointments?

III. LITIGATION EXPERIENCE

1. Number of years of criminal litigation experience. _____

2. Number of years of criminal litigation experience in Oklahoma. _____

3. During the last three (3) years, how many criminal cases have you handled as sole or lead counsel?

_____ felony _____ misdemeanor

_____ traffic punishable by incarceration _____ juvenile

4. During the last three (3) years, how many of the following types of proceedings have you handled or participated in?

a) Felony jury trials to verdict or hung jury as a defense counsel _____

b) Felony jury trials to verdict or hung jury as a prosecutor _____

c) Felony bench trials to verdict as a defense counsel _____

d) Felony bench trials to verdict as a prosecutor _____

e) Suppression motion hearings in felony cases _____

f) Misdemeanor jury trials to verdict or hung jury as a defense counsel _____

g) Misdemeanor jury trials to verdict or hung jury as a prosecutor _____

h) Misdemeanor bench trials to verdict as a defense counsel _____

i) Misdemeanor bench trials to verdict as a prosecutor _____

j) Suppression motion hearings in misdemeanor cases _____

k) Criminal juvenile jury trials to verdict or hung jury as a defense counsel _____

l) Criminal juvenile jury trials to verdict or hung jury as a prosecutor _____

m) Criminal juvenile bench trials to verdict as a defense counsel _____

n) Criminal juvenile bench trials to verdict as a prosecutor _____

o) Suppression motion hearings in criminal juvenile cases _____

5. In the last year, how many of the following types of cases have you accepted?

a. Felony cases _____

b. Misdemeanor cases _____

c. Traffic cases punishable by incarceration _____

d. Criminal juvenile cases _____

6. Estimate the percentage of your total working hours that you devoted to handling criminal cases for each of the three (3) preceding years?

_____% (Calendar Year _____)

_____% (Calendar Year _____)

_____% (Calendar Year _____)

7. a) Identify your last five (5) cases that went to trial.

Name and Case Number	Court / Judge	Charge	Adversary's Name / Telephone Number
----------------------	---------------	--------	-------------------------------------

Name and Case Number	Court / Judge	Charge	Adversary's Name / Telephone Number
----------------------	---------------	--------	-------------------------------------

b) Identify five (5) of your most serious felony cases that went to trial.

Name and Case Number	Court / Judge	Charge	Adversary's Name / Telephone Number
----------------------	---------------	--------	-------------------------------------

8. During the last three (3) years, how many of each of the following types of experts / witnesses have you consulted with during trial preparation and/or examined during litigated motion hearings, preliminary hearing or trial in criminal cases?

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) _____

IV. TRAINING

List the CLE courses you have attended or taught during the last three (3) years that involve the practice of criminal law. (Attach additional sheet(s) as needed.)

Program Name	Sponsor	Date	Place	Attended (A) or Taught (T)

V. INFORMATION ABOUT APPLICANT'S OFFICE

Number of secretarial and other support staff _____

Is your office computerized Yes No

If yes, do you operate a spreadsheet program Yes No

If yes, primary spreadsheet program is: _____

Do you have an in-house law library Yes No

Do you have electronic legal research capabilities Yes No

Are you willing to place reasonable restrictions on your other legal practice to ensure that the conflict clients served under this agreement are competently represented? Yes No

VI. 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 _____

2. Do you now have any charges pending against you, either in court or grievance committee, that could result in the filing of a malpractice suit, a grievance committee proceeding or a suit for 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.

Yes _____ No _____

4. 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.

Applicant's Printed Name

Applicant's Signature

STATE OF OKLAHOMA)
)
COUNTY OF _____)

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.

Applicant's Signature

Subscribed and sworn to before me, on this the ____ day of _____, 200__.

(SEAL)

Notary Public

My Commission Expires: _____

My Commission No. _____

Non-Capital Trial Conflict Counsel Applicant's County/Counties of Interest

I, _____, Non-Capital Trial Conflict Counsel Applicant, desire to be on the OIDS list of attorneys licensed to practice law in Oklahoma who are willing to accept non-capital trial conflict cases in the following designated county or counties:

(Check or "X" the county or counties in which you wish to be on the OIDS non-capital trial conflict attorney list and indicate the type(s) of cases you are willing to accept in each such county. Failure to indicate any type(s) of cases you are willing to handle in a county for which you have indicated your desire to be on the OIDS non-capital trial conflict attorney list will be deemed by OIDS as your willingness to accept all categories of conflict cases in such county.)

COUNTY	F	M	J	COUNTY	F	M	J	COUNTY	F	M	J
ADAIR				GRADY				MUSKOGEE			
ALFALFA				GRANT				NOBLE			
ATOKA				GREER				NOWATA			
BEAVER				HARMON				OKFUSKEE			
BECKHAM				HARPER				OKMULGEE			
BLAINE				HASKELL				OSAGE			
BRYAN				HUGHES				OTTAWA			
CADDO				JACKSON				PAWNEE			
CANADIAN				JEFFERSON				PAYNE			
CARTER				JOHNSTON				PITTSBURG			
CHEROKEE				KAY				PONTOTOC			
CHOCTAW				KINGFISHER				POTTAWATOMIE			
CIMARRON				KIOWA				PUSHMATAHA			
CLEVELAND				LATIMER				ROGER MILLS			
COAL				LEFLORE				ROGERS			
COMANCHE				LINCOLN				SEMINOLE			
COTTON				LOGAN				SEQUOYAH			
CRAIG				LOVE				STEPHENS			
CREEK				MAJOR				TEXAS			
CUSTER				MARSHALL				TILLMAN			
DELAWARE				MAYES				WAGONER			
DEWEY				McCLAIN				WASHINGTON			
ELLIS				McCURTAIN				WASHITA			
GARFIELD				McINTOSH				WOODS			
GARVIN				MURRAY				WOODWARD			

I am willing to consider accepting the rare conflict case in a county not designated above.

YES

NO

Non-Capital Trial Conflict Counsel Applicant's Signature