



# OKLAHOMA INDIGENT DEFENSE SYSTEM NON-CAPITAL TRIAL OVERLOAD 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 Name                                      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

\_\_\_\_\_  
Oklahoma Vendor/Payee Number (if one has been issued).

## 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 \_\_\_\_\_  
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. 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 appeals 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 No.	Court/Judge	Charge	Adversary's Name/Tel No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name and Case No.	Court/Judge	Charge	Adversary's Name/Tel No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**

1. 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 \_\_\_\_\_, 20 \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

My Commission No.: \_\_\_\_\_

**RELEASE AND WAIVER**

STATE OF OKLAHOMA )  
 )  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, am an applicant to become a non-capital trial conflict counsel for 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, or its authorized agent, 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.

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Applicant's Signature**

Subscribed and sworn to before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

My Commission No.: \_\_\_\_\_