APPLICATION FOR MEMBERSHIP ON THE CRIMINAL JUSTICE ACT FELONY PANEL FOR THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MARYLAND

The following application is to be completed by attorneys requesting to represent defendants under the provisions of the Criminal Justice Act in the United States District Court for the District of Maryland in felony cases. The application is to be printed or typed.¹ Please provide a writing sample with your application.

1. Name:

Office Address:		
Office Phone:		
E-Mail Address:		
MD Federal Bar No.		
Social Security No.		

The CJA payment system REQUIRES a Social Security number for all attorneys for identification purposes. The number will not appear on your voucher and will remain confidential.

Income must be credited to:

Social Security No.:

1

Or

Employer Identification No.:

The completed application should be sent to:

CJA Coordinating Attorney 101 W. Lombard Street Baltimore, Maryland 21201 2. Education and Bar Admissions:

Law School and Date of Graduation:

Jurisdiction first admitted to practice and date:

Admitted to practice in the United States District Court for the District of Maryland on:

Admitted to practice in the United States Court of Appeals for the Fourth Circuit on:

Other Admissions:

Jurisdiction	Location	Date

3. Disciplinary Actions:

Have you ever been disciplined (or are you the subject of a	any pending disciplinary
action) by the Bar of any jurisdiction or by any Court?	YES NO

If yes, describe on an attached sheet the conduct that led to the disciplinary action and the discipline imposed.

4. Practice Background:

Have you ever	been employe	d as a full-time	prosecutor, public	c defender, or la	w clerk to a
judge?	\Box YES	□ NO			

If yes, please indicate the position, the name of the office or judge, and give dates of employment:

Have y	you at any	y time been	a member	of the	CJA	panel for t	this court? \Box	YES 🗆	NO

If yes, please indicate the dates.

Have you ever been a member of the CJA panel for any other court? \Box YES \Box NO

If yes, please indicate the court(s) and date(s).

List any Continuing Legal Education experience, either as a participant or lecturer, in criminal or trial advocacy programs, indicating whether the programs included a component on the United States Sentencing Guidelines:

5. Trial and Appellate Experience:

How many felony cases have you tried to verdict within the past five years?

United States District Court:

Maryland Circuit Courts:

Others (name court):

If you do not believe that the answer to the previous question adequately reflects your trial experience, approximately how many felony cases did you try to verdict prior to the past five years?

United States District Court:	

Maryland Circuit Courts:

Others (name court):

How many sentencing hearings have you handled in federal felony cases?

How many appeals in federal felony cases have you handled within the past five years?

Approximately how many civil jury cases have you tried to verdict?

- 6. Please complete Exhibit A (attached).
- 7. Please list the names and telephone numbers of five professional references (two of whom must be judges).

Name	Telephone Number

8. Please indicate whether you have any special qualifications, such as fluency in a foreign language, which you believe the Selection Committee should be aware of in reviewing your application.

9. Please state briefly how you keep yourself current on federal criminal law, including Sentencing Guidelines issues:

- 10. Please identify on Exhibit B (attached) three cases your have handled and <u>succinctly</u> (150 words or less) describe critical issues (merits or sentencing) they presented and the resolution thereof. For each case, identify the defendant's name, case number, jurisdiction, judge and opposing counsel.
- 11. Please indicate the type of felony cases that you are willing to handle.

Length of Trial					
□ All cases	\Box Only cases in which estimated length of trial is two weeks or less.				
Geographical Location					
□ All cases	\Box Northern Division cases only \Box Southern Division cases only				

I declare under the penalties of perjury that the foregoing answers and statements are true and correct.

Signature of Applicant

EXHIBIT A

Defendant's Last Name	Case Number	Jurisdiction	Primary Charge	Trial Length	Judge	Opposing Counsel	Co-counsel

EXHIBIT B

Identifying Information - Case 1

Defendant's Name:	
Case Number:	
Jurisdiction:	
Judge:	
Opposing Counsel:	
	Statement of Issues and Resolution thereof:
-	
-	
-	

EXHIBIT B

Identifying Information - Case 2

Defendant's Name:	
Case Number:	
Jurisdiction:	
Judge:	
Opposing Counsel:	
	Statement of Issues and Resolution thereof:
-	
-	
-	

EXHIBIT B

Identifying Information - Case 3

Defendant's Name:	
Case Number:	
Jurisdiction:	
Judge:	
Opposing Counsel:	
	Statement of Issues and Resolution thereof: