

WISCONSIN STATE PUBLIC DEFENDER

Protecting Justice For All

Assigned Counsel Division – Certification Application

Name _____ SSN or FEIN _____

Office Address _____ Home Address _____

County _____ County _____

Office Phone _____ Home Phone _____

Office Fax _____ Business E-mail _____

Foreign languages spoken fluently _____

Law School _____ Yr. Graduation _____

Date admitted to Wisconsin Bar _____ State Bar ID No. _____

Have you ever had your law license suspended or revoked in any jurisdiction? _____

Have you ever surrendered your law license in any jurisdiction? _____

If yes to either question, please attach an explanation.

If you have been employed as follows, please list dates of service:

(Asst.) Public Defender _____ (Asst.) District/State's Atty _____

(Asst.) Attorney General _____ (Asst.) U.S. Attorney _____

Are you (or your firm) employed or retained by any municipal, county, state, of federal government agency? _____ If yes, please specify:

Number of misdemeanor cases brought to final resolution as sole counsel. _____

Number of felony cases brought to final resolution as sole counsel. _____

Number of jury trials (civil, criminal, or juvenile). _____

Number of briefs filed in criminal appeals. _____

Please attach a description of any courses, seminars, clerkships or other experience which you believe qualifies you to be appointed on the types of cases you are requesting certification for.

