Chapter PD 1

APPENDIX B

WISCONSIN STATE PUBLIC DEFENDER
Protecting Justice For All

Class A Felony Certification List Request
Wis. Admin. Code s. PD 1.04 (3) (d)

Name:	SBID:

An attorney may be certified for appointment in a Class A felony case if the attorney satisfies all of the following criteria:

1. The attorney maintained a significant portion of his or her practice in criminal law in the five years immediately preceding the application for certification.

Circle the letter of any statement that applies to you:

A. 100% of my full time practice within the two years immediately preceding this request has been in criminal litigation, or

B. 20% of my full time practice within the five years immediately preceding this request has been in criminal litigation, or

C. I regularly take public defender cases, am certified in a county of less than 50,000 population, and 30% of my full time practice within the five years immediately preceding this request has been spent in civil or criminal litigation. (Approval under 1.C. also requires the recommendation of the First Assistant State Public Defender for the region.)

2. The attorney has been sole or lead trial counsel in at least two class A to D felony cases tried to a jury to final resolution within the five years immediately preceding this request.

I am submitting an attachment containing the case name (caption), date(s) of trial, file number, county and state of venue, names of judge, prosecutor and co–counsel, and a short description of primary issues in each case.

3. The attorney submitted to peer review, including reference checks with other criminal defense attorneys, prosecutors, judges and public defender staff.

I am submitting an attachment containing the names of and contact information for four lawyers who are not currently my private practice partners or associates, who are substantially involved in the field of criminal trial practice and who are familiar with my performance; and one judge before whom I have practiced criminal litigation within the two years immediately preceding this request.

I understand that the public defender may contact these persons and others for information concerning my fitness for class A felony certification.

4. The attorney submitted a writing sample, consisting of a court memorandum or brief concerning criminal law issues, that was written within the two years immediately preceding the application for certification, which was reviewed and approved by the public defender.

I am attaching a copy of the required court memorandum or brief for review and approval.

I understand that Parts 3 and 4 of this certification list request involve subjective assessments that will depend in part upon the recommendations of the First Assistant State Public Defender for the appropriate region and the approval of the Assigned Counsel Division Director.

I have reviewed the certification rules in Wis. Admin. Code ch. PD 1. I certify that all information submitted in support of my certification list request is true and correct. I understand that any material misrepresentation may result in denial of my certification list request or decertification.

_____

Signature

_____

Date

Return this form with any required attachments and your general certification application form to:

Assigned Counsel Division
Wisconsin State Public Defender
P.O. Box 7923
Madison, WI 53707–7923
(608) 267–1771

2/7/2010