

**FEDERAL DEFENDER PROGRAM
FOR THE NORTHERN DISTRICT OF ILLINOIS**

**55 E. Monroe Street - Suite 2800
Chicago, Illinois 60603**

CRIMINAL JUSTICE ACT PANEL ATTORNEY APPLICATION

This Questionnaire and Application is to be completed by attorneys who wish to become members of the Panel is eligible to represent persons under the provisions of the Criminal Justice Act of 1964, 18 U.S.C. §3006A, in the United States District Court for the Northern District of Illinois. The *Plan of the United States District Court for the Northern District of Illinois Pursuant to Criminal Justice Act of 1964, as Amended*, can be found at the website for the Northern District of Illinois, www.ilnd.uscourts.gov/LEGAL/CJApape/cjaplan.pdf. Section IX.B. of that Plan, relating to Panel Attorney applications, requires a letter of recommendation from a Judge or Magistrate Judge of the Northern District of Illinois or the Seventh Circuit Court of Appeals.

PLEASE NOTE: This Application will not be processed until the judicial recommendation is received by the Executive Director of the Federal Defender Program.*

(1) NAME BIRTH DATE

NAME OF CURRENT FIRM

OFFICE ADDRESS

OFFICE PHONE

CELL PHONE

E-MAIL ADDRESS

HOME ADDRESS

HOME PHONE

(2) GRADUATED FROM SCHOOL OF LAW
YEAR

(2a) COURT ADMISSIONS

Date of Admission to:

Northern District of Illinois: (Required)

Northern District of Illinois Trial Bar: (Required)

Seventh Circuit Court of Appeals: (Required)

United States Supreme Court:

State Bar of Illinois:

Illinois State Bar Number:

List all state bars of which you are a member:

State(s):	Date(s) admitted:	Bar Number(s):
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(3) LEGAL EXPERIENCE (DATE BY YEARS, e.g., 1996-2002). Please account in chronological order for each year you have been in practice, most recent first. Please make sure to note if the office is a public defender or prosecutor's office.

a. Name and Address of Office

Position

Name of Supervisor, if any

From To

**b. Name and
Address of Office**

Position

Name of Supervisor, if any

From

To

**c. Name and
Address of Office**

Position

Name of Supervisor, if any

From

To

**d. Name and
Address of Office**

Position

Name of Supervisor, if any

From

To

**e. Name and
Address of Office**

Position

Name of Supervisor, if any

From

To

- (4) State briefly the nature of your present practice: (This box hold 7 lines. If you need more space an addendum is attached to this application.)

- (5) Other relevant experience (This box holds 7 lines. If you need more space an addendum is attached to this application.)

- (6) Other relevant experience, including volunteer experience with community and non-profit organizations or other community involvement: (This box holds 7 lines. If you need more space an addendum is attached to this application.)

- (7) List all Continuing Legal Education programs you have taken in criminal law or trial advocacy for the past five years. Please indicate the dates, names, and sponsor(s) of the programs. Indicate attendance as lecturer by "L" or as participant by "P".

(7a) Have you taken courses in the Federal Sentencing Guidelines in the past 5 years?

(7b) Have you worked with the Federal Sentencing Guidelines in the past 5 years?

(7c) If either answer is yes, please list courses by name and date and/or cases by name, number and year. (This box holds 7 lines. If you need more space an addendum is attached to this application.)

(8) Do you know the Federal Sentencing Guidelines well enough to represent clients in federal court?

(9) Why do you want to become a member of the Panel?

(10) Indicate the approximate number of your criminal trials, pleas and sentences and your role in each case (*i.e.* first chair, second chair, etc.) (These boxes hold 5 lines. If you need more space an addendum is attached to this application.):

Trials in Federal Court

1st Chair **2nd Chair** **Observer** **Other** (Please indicate below)

Trials in State Court

Felony: **Misdemeanor:** **Bench:**

1st Chair **2nd Chair** **Observer** **Other** (Please indicate below)

Pleas and Sentencings in Federal Court

1st Chair 2nd Chair Observer Other (Please indicate below)

Pleas and Sentencings in State Court

1st Chair 2nd Chair Observer Other (Please indicate below)

Criminal Appeals

Habeas Cases

Death Penalty Cases

Death Penalty Habeas Cases

(11) Civil Trial experience: (This box holds 5 lines. If you need more space an addendum is attached to this application.)

- (12) List by name, with the designation "CR" for criminal, the federal judges before whom you have practiced: (This box holds 10 lines. If you need more space an addendum is attached to this application.)

--

- (13) List by name the federal judges before whom you have tried a criminal case:
(This box holds 10 lines. If you need more space an addendum is attached to this application.)

--

- (14) List by case name, number and year, the five most recent federal criminal cases in which you were involved, listing your role in the case, the name of the judge, co-counsel, if any, and opposing counsel:

- (15) If appointed, would you be available to represent persons in extended (three weeks or more) criminal trials?
- (16) Would you be willing to accept appointments to represent petitioners, plaintiffs or defendants in criminal-oriented and related matters which are not presently compensable under the Criminal Justice Act?
- (17) If compensable, would you be willing to represent persons in State Court on matters related to their federal cases?
- (18) Would you be available to serve in the Federal Defender Office as Duty Attorney on an assigned Duty Day?
- (19) Would you be available for calls during non-office hours should there be an immediate need for an attorney to advise a person in custody?

(20) Are you fluent in any foreign language (please indicate)?

(21) Have you ever been in any way censured, reprimanded, suspended or disbarred by any court or disciplinary organization?

If yes, please give the official name and number of the proceedings and any explanation you wish to provide: (This box holds 7 lines. If you need more space an addendum is attached to this application.)

(22) Have you ever been convicted of any criminal offense (exempting minor traffic offenses) by any court?

If yes, please give the official name and number of the proceeding and any explanation you wish to provide: (This box holds 7 lines. If you need more space an addendum is attached to this application.)

(23) Within the past 5 years have you ever been charged with any criminal offense?

If yes, please give the official name and number of the proceeding and any explanation you wish to provide: (This box holds 7 lines. If you need more space an addendum is attached to this application.)

(24) Are there presently any criminal charges pending against you?

If yes, please give the official name and number of the proceeding and any explanation you wish to provide: (This box holds 7 lines. If you need more space an addendum is attached to this application.)

(25) Are there presently any A.R.D.C or other similar charges pending against you in any state?

If yes, please give the official name and number of the proceedings and any explanation you wish to provide: (This box holds 7 lines. If you need more space an addendum is attached to this application).

(26) Have you ever been held in contempt?

If yes, please give the official name and number of the proceedings and any explanation you wish to provide:

I understand that the decision to put attorneys on the Federal Defender Program CJA Panel will be made by the Panel Attorney Selection Committee (PASC). I further understand I have no right to be put on the Panel. Finally, I understand and agree that if selected for the Panel I will serve at the pleasure of the PASC and that from time to time it may be necessary for the PASC to inactivate or remove Panel Attorneys.

I hereby certify the above information is true and correct.

SIGNED:

DATED:

NOTE: PLEASE SUBMIT TWO COPIES OF THE APPLICATION BY BY FIRST CLASS MAIL TO ISELA ANTUNEZ AT THE FEDERAL DEFENDER PROGRAM, 55 E. MONROE, SUITE 2800, CHICAGO, IL 60603. THANK YOU.

ADDENDUM TO CJA ATTORNEY APPLICATION

In the space provided below add any additional information you want as part of your answers to the CJA Application form and indicate to which question number your information/answer applies.