

**SANTA CRUZ COUNTY CRIMINAL DEFENSE CONFLICTS PROGRAM
ATTORNEY APPLICATION FORM**

On December 1, 2014, the County of Santa Cruz will begin administering the Criminal Defense Conflicts Program. If you are interested in receiving appointments to criminal cases as an independent contractor for the County of Santa Cruz, you must complete this application, sign and date it, attach a copy of your resume, and return it all to the attention of Tamyra Rice, Criminal Defense Conflicts Program Administrator, Office of the Santa Cruz County Counsel, 701 Ocean Street, Room 505, Santa Cruz, CA 95060 or scan and e-mail it to tamyra.rice@santacruzcounty.us, or by FAX to (831) 454-2115.

As a courtesy, please find attached a sample of the Legal Services Agreement you will be asked to sign in order to participate in the Program.

Name: _____

Business Address: _____

Cell Phone Number: _____

Office Phone Number: _____ Fax Number: _____

Year of Admission to California Bar: _____ State Bar No.: _____

Email Address: _____

Please choose one of the following:

___ I currently accept conflict appointments as an attorney. I currently handle the following types of cases: _____

___ I am interested in receiving appointments but have not been previously appointed to a criminal case by the Court.

___ Other. Explain:

___ I am currently licensed to practice in California.

___ I have no history of discipline by the California Bar.

___ I have a history of discipline (provide relevant details on separate page).

___ I have read and agree to abide by the Policies and Procedures for the County's Criminal Defense Conflicts Program and I meet or exceed the minimum criteria for appointment; and

___ I meet all the standards required for the following types of cases (check all that apply):

___ Class I

___ Class II

___ Class III

___ Class IV

___ Class V

___ Qualified for Juvenile Delinquency cases

___ Qualified for Civil matters

Please provide information demonstrating your class qualifications (i.e., proof of CLE and/or trainings, a list with brief description of cases completed to jury verdict, etc.).

_____ I am covered under the insurance policies required by the County's Legal Services Agreement and **I AM ATTACHING COPIES OF THE FACE SHEETS OF SAID POLICIES.**

Insurance Carrier: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this document was executed in _____, California on this date of _____.

Applicant Signature

Please attach a resume and additional pages as needed.
