

**APPLICATION TO REAPPLY FOR PLACEMENT ON THE
CRIMINAL JUSTICE ACT PANEL
EASTERN DISTRICT OF WASHINGTON**

THIS FORM IS TO BE USED BY ATTORNEYS WHO PREVIOUSLY SERVED OR WHO CURRENTLY ARE SERVING ON THE CJA PANEL FOR THE EASTERN DISTRICT OF WASHINGTON AND SEEK TO SERVE FOR THREE (3) YEARS, PURSUANT TO THE RENEWAL PROVISIONS IN THE CJA PLAN.

Attorneys who seek to reapply for placement on the CJA Panel must be members in good standing of the Federal Bar of this District, and have demonstrated experience in, and knowledge of, the Federal Rules of Criminal Procedure, the Federal Rules of Evidence, the Sentencing Guidelines, the Bail Reform Act, and the local criminal procedures for the Eastern District of Washington.

As provided for in the Criminal Justice Act Plan for the Eastern District of Washington, effective February 24, 2011, Applications to reapply for placement on the CJA Panel will be submitted to a Panel Review Committee for review. The Panel Review Committee meets at least once every six months. Prior to placement on the CJA Panel, Panel Review Committee recommendations for placement on the Panel are provided to the District Judges for comments.

By completing this form, you agree to be placed on a list of counsel available for appointment to represent indigent Defendants in criminal cases in this District. In most instances you would be asked to accept cases in the city which you reside; however, on rare occasions, you may be called upon to accept a case originating in another city - Spokane, Yakima or Richland.

NAME:

NAME OF LAW FIRM:

OFFICE ADDRESS:

P.O. Box (if any) and Street Address

City

State

Zip

OFFICE TELEPHONE:

FAX NUMBER:

EMAIL ADDRESS:

If you have not already registered for electronic filing, you may use the registration form on the website, www.waed.uscourts.gov.

1. Names of Partners and/or Associates on CJA Panel:

2. a. List the previous dates of service on the CJA Panel for this District

b. Have you been on a CJA Panel in another District? Yes No

If the answer is “yes”, list the District(s) and dates of service:

3. Number of years you have been practicing law: _____

4. Year of Admission to the Bar of the United States District Court, Eastern District of Washington:

5. List by name and case number each federal and state felony criminal case in this district from the last three years in which you were an attorney of record.

6. Have you completed any courses on the Federal Sentencing Guidelines?

Yes

No

If the answer is “yes”, list the name and date of the course(s):

7. Have you completed any courses on the Bail Reform Act?

Yes

No

If the answer is yes, please list the names and dates of courses:

8. Are you willing to be placed on the list of attorneys who take appeals?

Yes

No

9. Have you been disciplined by a Bar Association or sanctioned by a court?

Yes

No

If your answer is "yes", describe in detail on a separate sheet the circumstances surrounding the complaint or sanction, including dates, and the outcome.

10. A minimum of 8 relevant CLE credits per year are required. Please attach a copy of your WSBA Credit/Compliance Certification.

SIGNATURE

DATE

APPROVED BY: _____

DATE

Please complete and mail to:

**District Court Executive
United States District Court
Eastern District of Washington
P.O. Box 1493
Spokane, WA 99210-1493**