



The Florida Legislature
COMMISSION ON CAPITAL CASES



**APPLICATION FOR STATEWIDE
 ATTORNEY REGISTRY**

- 1) Name _____ Telephone _____
- 2) Firm Name _____
- 3) Address _____
- 4) E-mail Address _____
- 5) In which judicial circuit do you practice? _____
- 6) From which circuits would you accept cases? _____

- 7) Do you have at least 3 years' experience in the practice of criminal law and have you participated in at least five felony trials, five felony appeals or five capital postconviction evidentiary hearings or any combination of at least five such proceedings? _____
- 8) Are you a member in good standing of the Florida Bar? _____
- 9) Florida Bar Number _____ Year Admitted _____
- 10) To which federal courts are you admitted? _____

- 11) Do you want to be on the Federal Attorney Registry? _____

BY SIGNING THIS APPLICATION, YOU ARE CERTIFYING:

THAT YOU SATISFY THE MINIMUM REQUIREMENTS SET FORTH IN s. 27.704(2) AND 27.710(1), FLORIDA STATUTES; THAT YOU ARE COUNSEL OF RECORD FOR NOT MORE THAN FOUR POSTCONVICTION CAPITAL COLLATERAL PROCEEDINGS; THAT, IF APPOINTED TO REPRESENT A PERSON IN POSTCONVICTION CAPITAL COLLATERAL PROCEEDINGS, YOU WILL CONTINUE SUCH REPRESENTATION UNDER THE TERMS AND CONDITIONS SET FORTH IN S. 27.711, FLORIDA STATUTES, UNTIL THE SENTENCE IS REVERSED, REDUCED, OR CARRIED OUT OR UNLESS PERMITTED TO WITHDRAW FROM REPRESENTATION BY THE TRIAL COURT; AND, THAT YOU WILL COMPLY WITH ALL CLE REQUIREMENTS.

 Signature

 Date

Mailing Address:

**The Florida Legislature
Commission on Capital Cases
402 South Monroe Street
Tallahassee, FL 32399-1300**