

ATTORNEY'S CERTIFICATION FOR
APPOINTMENT IN CAPITAL CASES

First Name: _____ Last Name: _____ M.I.: _____

Firm Name: _____

Office Address: _____ City: _____ AL Zip: _____

Office Phone No.: _____ Office Fax No.: _____

Cell Phone No.: _____

Office Email: _____

Alabama Bar Id No.: _____

Date of Admission to the Alabama Bar: _____

I am a member in Good Standing with the Alabama Bar ____ Yes ____ No

LEAD COUNSEL INFORMATION:

Please list the Names and case numbers of at least Five (5) Capital Cases in which you were lead or co counsel that were death eligible :

Please list the names and case numbers of at least Five (5) Serious Felonies (i.e. Class A Felonies or Manslaughter):

Please List the names, locations, dates of attendance, and number of CLE hours (no less than 12 hours) of all training programs and/or seminars you have successfully completed within the last two years:

CO-COUNSEL INFORMATION: (***)To be completed if attorney does not have the requisite trials to be considered as lead counsel)

Please list the name and case numbers of at least Three (3) Serious Felonies (i.e. Class A Felonies or Manslaughter) including capital cases as co-counsel you have tried to conclusion:

Please list the names, locations, dates of attendance, and number of CLE hours (no less than 12 hours) of all training programs and/or seminars you have successfully completed within the last two years:

I hereby acknowledge and certify by my signature below that all information contained in this certification form is true and correct to the best of my knowledge and belief.

Applicant