

ASSIGNED COUNSEL APPLICATION

Submit your application via email to: ocpd.ac.applications@jud.ct.gov

Applications must be returned in Excel format.

Applications sent by fax or mail will not be accepted.

Deadline for application packet submission is Friday, December 20, 2014.

1. Date: _____ 5a. Email 1 (required): _____

2a. First name: _____ 5b. Email 2: _____

2b. Last Name _____ 6a. Phone 1 (required): _____

3. Firm Name: _____ 6b. Phone 2: _____

4. Address: _____ 7. Fax: _____

8. Current Resume attached (required) _____
Cover letter attached (required) _____

9a. Connecticut Bar Admission Date: _____
Juris Number: _____
9b. Type "x" below if you are a non-attorney applicant.

10. Please list any additional jurisdictions where you are admitted to practice.

11. Describe your criminal practice experience:

12. Describe your child protection experience:

13. Describe your family court experience:

14. Approximate number of cases handled:
Criminal cases: _____ Child protection cases: _____ Family cases: _____

15. Trial experience:
No. of criminal jury trials to verdict: _____ No. Felony trials _____
No. Misdemeanor trials _____ No. of criminal court trials to judgment _____
Approx. No. of CP court trials to judgment _____ No. of TPR trials _____

Approx. No. of Family court trials to judgment _____

16. Describe the types of cases you have tried:

17. Please describe any other relevant experience, which qualifies you for assigned counsel approval:

18. Please specifically describe all law enforcement experience with which you have been or are currently involved.

19. Do you speak a foreign language? If yes, please give language(s) and level of fluency.

20. Have you ever been convicted of a crime or disciplined/cited for breach of ethics by any Court, Administrative Agency, Bar Association, Disciplinary Committee, or other professional group? If yes, give particulars below in the space provided. (required).

Yes _____ No _____

DETAILS OF DISCIPLINARY ACTION

21. Have you ever had a claim of neglect or abuse substantiated by the Department of Children and Families?

22. Are you now or have you ever been placed on the DCF Child Maltreatment Registry?

23. Names of three lawyers and/or judges who know you and your work and who can be interviewed relative to your qualifications as a lawyer. Please include address and telephone numbers.

24. Type "x" in the box to select the areas of practice for which you are requesting case assignments.

CRIMINAL GEOGRAPHICAL AREA COURTS:

_____ GA 2 - Bridgeport
_____ GA 3 - Danbury
_____ GA 11 - Danielson

CHILD PROTECTION COURTS

_____ Danbury Child Protection
_____ Hartford Child Protection
_____ Middletown Child Protection
_____ Child Protection Appeals

STATE-RATE ATTORNEY FOR MINOR CHILD / GUARDIAN AD LITEM

_____ **Did you complete the required 6 course AMC/GAL training program? Yes or No**
If "no", then you are not eligible to apply for the AMC/GAL locations below.

_____ Hartford State Rate AMC/GAL
_____ Middlesex State Rate AMC/GAL
_____ New London State Rate AMC/GAL
_____ Tolland State Rate AMC/GAL
_____ Litchfield State Rate AMC/GAL

FAMILY CONTEMPT AND PATERNITY

_____ Waterbury Family Contempt & Paternity