

Panel Attorney Application

Missouri State Public Defender

(Please print or type)

Date _____ 20_____

Attorney Name _____ MoBar # _____

Preferred Name _____ Firm Name _____

Attorney E-Mail _____

Office Address _____ City _____ Zip Code _____

Office located in _____ COUNTY Phone: Office _____ Cell _____

Support Staff Name _____ E-Mail _____

Would you like your support staff to be copied on automated email notifications such as case assignments and expense request approvals? Yes No

Mailing Address _____ City _____ Zip Code _____

Home Address _____ City _____ Zip Code _____

If applicable, Second Office located in _____ COUNTY

Second Office Address _____ City _____ Zip Code _____

1. I am licensed and in good standing to practice law in Missouri. Yes No

2. How long have you been practicing as an attorney? _____

3. Approximately what percentage of your practice involves criminal work? _____%

4. Please list the **Judicial Circuits** from which you are available to take cases. By listing the circuit, you are agreeing to take cases in all counties in that circuit:

5. Please indicate the **types of cases** for which you possess the requisite skill and willingness to accept:

Adult Court:

____ All felonies, misdemeanors, & all probation violations

____ C/D/E felonies, misdemeanors, & all probation violations

Juvenile:

____ All felonies, misdemeanors, & all probation violations

____ C/D/E felonies, misdemeanors, & all probation violations

Appellate/PCR:

____ Post-Conviction Relief motions (Please include writing sample.)

____ Post-Conviction Relief appeals (Please include writing sample.)

____ Direct appeals (Please include writing sample.)

Exclusions:

____ No Sex cases

____ No Homicide cases

6. How many cases have you tried to a jury as the lead attorney? _____

7. Please list the most recent JURY TRIALS which you have conducted to verdict and, if criminal, indicate whether you represented the defendant or the state:

Date _____ Case # _____ Defense or Prosecution _____
Case-type or Charge _____

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Case-type or Charge _____

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Case-type or Charge _____

Date _____ Case # _____ Defense or Prosecution _____
Case-type or Charge _____

8. If you wish to be listed as available for **A/B felony** case assignments, please summarize the nature and extent of your experience with such cases:

9. If you wish to be listed as available for **juvenile** case assignments, please summarize the nature and extent of your experience and/or training with such cases:

10. If you wish to be listed as available for **sex** case assignments, please summarize the nature and extent of your experience with such cases:

11. If you wish to be listed as available for **homicide** case assignments, please summarize the nature and extent of your experience with such cases:

12. If you wish to be listed as available for **PCR or direct appeal** case assignments, please summarize the nature and extent of your experience and/or training with such cases:

13. Please list two professional references and their contact information:

Name _____ Email Address _____ Phone _____
Address _____ City _____ Zip Code _____
Occupation _____ Relationship to Reference _____

Name _____ Email Address _____ Phone _____
Address _____ City _____ Zip Code _____
Occupation _____ Relationship to Reference _____

14. For conflict purposes, please list the other Attorney/s who practice/s in your firm:

15. For conflict purposes, please indicate whether you have ever been a prosecutor and, if so, where and when:

16. For conflict purposes, please indicate whether you currently hold any county or municipal office and the location. Examples include judge, commissioner, prosecutor, council member, commission member, city or county counselor, etc.:

17. Note any specialized criminal training or expertise you have other than noted above as well as any special skills, such as speaking another language:

18. Do you know of any other attorneys in private practice who would be interested in being on our panel? If so, please provide their name and contact information.

Signature: _____ Date: _____

**Please return this form to MSPD Case Contracting Division at:
Case.Contracting@mspd.mo.gov**

For contract rates and more information visit our website: www.publicdefender.mo.gov

MSPD reserves the right in its discretion to deny a panel attorney application, to deviate from the panel attorney case assignment rotation, to reassign a case, to reduce the seriousness of the types of cases assigned to a panel attorney, or to temporarily or permanently remove an attorney from the panel. MSPD provides equal opportunities to all panel attorneys and applicants without regard to race, color, national origin, citizenship or immigration status, sex, pregnancy, gender, gender identity, disability, genetic information, marital status, age, religion, sexual orientation, or status as a covered veteran in accordance with applicable federal, state and local law.