

**DIRECTOR APPLICATION  
MISSOURI STATE PUBLIC DEFENDER**

Woodrail Centre  
1000 West Nifong, Bldg. 7, Ste. 100  
Columbia, MO 65203-5661

Phone: 573 777 9977  
Fax: 573 777 9976  
www.publicdefender.mo.gov

*To the extent information requested herein is already contained in your resume, you may simply note "See Attached Resume."*

**Full Name:**

Please also list all other names by which you have been known.

**Contact Information:** *Include the mailing address, phone number(s), and email address through which you would prefer to be contacted for purposes of the application / selection process.*

Mailing address:

Phone number(s):

Email address:

**Law License Information:**

Missouri Bar Number:

Is your license currently active and in Good Standing?

Yes

No

If not, explain in detail below or in an attachment.

If not currently licensed in Missouri, list the state(s) in which you are licensed, together with your bar number(s) for each, and a description of your eligibility status for licensure in Missouri.

Were you ever refused admission to the bar of Missouri or the bar of another state or the federal courts?

Yes

No

If yes, provide details below or in an attachment.

Have you ever been disciplined, admonished, or cited for a breach of ethics or professional conduct by the Missouri Supreme Court or by any court, bar association, or committee thereof in Missouri or any other state?

Yes

No

If yes, provide details below or in an attachment.

**Other Connections:**

Are you related by blood or marriage to any employee or commission member of the Missouri State Public Defender System?

Yes

No

If yes, please provide the employee's or commissioner's name and relationship to you.

Do you now or have you ever held an elective or appointive public office or position?

Yes

No

If yes, provide the details below or in an attachment.

Are you now an officer, director, or otherwise engaged in the management of any business enterprise, whether for profit or non-profit?

Yes

No

If yes, identify the name of the enterprise, the nature of the business, the title of your position, the nature of your duties, and the term of your service in detail below or in an attachment.

**Educational History:**

List all colleges and universities attended, including law school, together with the dates and degrees received.

Name of School	Location	Dates Attended
Focus of Study	Degree Earned	

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Please list and/or describe any college, university, or law school activities, scholastic achievements, and other awards or honors you think are relevant to the commission's decision, in detail below or in an attachment.

Were you ever suspended, placed on probation, or expelled by school authorities for any reason, while a student at any institution of higher education?

Yes

No

If yes, describe the circumstances in detail below or in an attachment.

**Employment History:**

*Describe all employment you have held from the beginning of law school to the present. For each position described, please include dates of employment, positions held and the duties thereof, and, to the extent reasonably available to you, the name and contact information for each employer. To the extent information requested herein is already contained in your resume, you may simply note "See Attached Resume."*

Describe any significant non-law-related employment prior to law school. For each position described, please include dates of employment, positions held and the duties thereof, and, to the extent reasonably available to you, the name and contact information for each employer. To the extent information requested herein is already contained in your resume, you may simply note "See Attached Resume."

**Legal Practice Experience:**

Describe the nature of your criminal law practice experience.

Describe any other legal experience you believe may be relevant to the decision of the commission.

List all bar associations and other professional societies of which are you are a member, together with any offices held and the dates thereof.



List any awards or recognitions of a professional nature you have received, as well as any published articles or books authored by you.

**Leadership Experience:**

Describe any positions you have held, whether paid or volunteer, in which you have been responsible for the oversight or management of others or for the operation of an organization.

Describe your public-speaking experience.

Describe any experience you have working with criminal justice policy-making bodies or groups.

**Other:**

If applicable and not already listed elsewhere, provide the branches and dates of military service, including rank at time of discharge.

List and/or describe any additional honors or awards you have received, activities you have performed, community activities or organizations not listed elsewhere with which you are affiliated, or any other information not set out above that demonstrates the quality of your work as an attorney and/or a leader or that you believe is otherwise relevant to the commission's decision. You may explain in detail below or in an attachment.

**References:**

Please list the name of *five* persons who will provide references for you with respect to your professional qualifications to serve as state Public Defender. For each of the five references, please provide name, title, mailing address, telephone, and email address.

Name	Title	Relationship	Mailing Address	Telephone No.	Email Address

**Applicant Certification:**

State law requires all state employees to file all state income tax returns and pay all state income taxes owed. I understand that verification of taxes owed will be conducted by the State and failure to satisfy any liability or payment owed will result in termination of employment.

Yes, I understand.

I certify that all of the statements in this application and any attachments hereto are made in good faith and are true, complete, and correct to the best of my knowledge and belief, and that this information may be used for the purpose of processing my employment application and information.

Yes, I so certify.

**Signature:**

Type or sign your complete name below as a signature to this application, attesting to the truth of the statements contained herein:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission of this application may be done by mail or by email. Applications must be received by November 1, 2024.**

By mail: *Mail a printed copy of your resume, cover letter, and this signed application to:*

Office of State Public Defender  
Attn: Gina Hall, HR Manager  
Woodrail Centre, Bldg 7, Suite 100  
1000 W. Nifong  
Columbia, MO 65203

By email: *Attach your resume, cover letter, and this application to an e-mail and send it to [Director.Application@mspd.mo.gov](mailto:Director.Application@mspd.mo.gov).*

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

By my signature on this form, I authorize (1) the Missouri State Public Defender Commission by its chairperson to obtain relevant information, including but not limited to documents, records, and files about me from educational, law enforcement, and disciplinary authorities and from employers and others who may have control of any documents, records, or other information pertaining to my application and suitability for the appointment to State Public Defender Director, and (2) the Missouri State Public Defender Commission to make such additional inquiries and to receive and share amongst themselves such additional information they shall deem appropriate in determining my qualifications for the position for which I seek appointment and the accuracy of my responses to the questions in this application and in otherwise fulfilling its duties. The information obtained under (1) and (2) above shall be made available only to the members of the Public Defender Commission and their staff as necessary to perform their duties as closed records pursuant to the Revised Statutes of Missouri, subsections 610.021(3) and (13). I hereby release the Public Defender Commission, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

This authorization shall remain in full force until revoked by me in writing.

By typing or signing my complete name below, I hereby attest to the statements above:

Name: \_\_\_\_\_ Date: \_\_\_\_\_