

WCDBA CONFLICTS ATTORNEY APPOINTMENT PROGRAM APPLICATION

PROGRAM APPLICATION PREREQUISITES:

- A. Member in good standing of the Illinois Bar.
- B. Completion of accurate application for admission to the program.
- C. Acceptance by screening panel.
- D. Agreement in writing to comply with the Regulations and Rules of the Program, the Code of Professional Conduct of the Illinois Supreme Court, and the Rules of the Circuit Court.
- E. Malpractice Insurance. A copy of the Declarations Page must be attached to the application.
- G. Completion of the right to privacy waiver.

THIS APPLICATION WILL BE REVIEWED BY A COMMITTEE OF ATTORNEYS, THE COMMITTEE GENERALLY WILL REQUIRE (7) YEARS PRACTICE BEFORE THE BAR WITH EMPHASIS IN CRIMINAL LAW, AND SUBSTANTIAL BENCH AND JURY TRIAL EXPERIENCE. YOUR FAILURE TO FULLY AND ACCURATELY FILL OUT THE APPLICATION WILL ELIMINATE YOU FROM CONSIDERATION.

1. Full Name: _____

2. Office Address: _____

3. Office Phone: _____

4. Residence: _____

5. E-Mail Address: _____

Website Address: _____

6. Date admitted to Illinois Bar: _____
Month and Year

Admitted to Federal Trial Bar? _____ Date _____

Illinois Attorney Registration No.: _____

Law School attended and date of J.D. _____

7. State the name of any public office or offices in which you have served, your title and assignments there, and the dates of your service. Please be specific as to length of time in various assignments and give the names of supervisors during those periods of time.

8. Name three lawyers who practice primarily in the field of criminal law as general references. You may not include relatives, present or former members or present or former office associates.

NAME	ADDRESS	OFFICE PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Has any complaint ever been filed against you with the Illinois Supreme Court Attorney Registration and Disciplinary Commission (ARDC)? _____

If yes, please give details on separate sheet of paper.

10. Have you ever been disciplined by the ARDC of Illinois or that of any other jurisdiction? _____

If yes, please give details on separate sheet of paper.

11. Give a brief history of your legal career, in inverse chronological order, beginning with your current practice:

Dates	Employer	Address, Phone
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Nature of firm's practice

Your position	Nature of your practice/duties
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Dates	Employer	Address, Phone
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Nature of firm's practice

Your position	Nature of your practice/duties
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12. Approximately what percentage of your time since being admitted to the Bar has been spent in:

Trial work in criminal courts: _____

Trial work in traffic courts: _____

Trial work in other courts: _____

Other work: (list type and %) _____

13. Are you a member of the Illinois Capital Litigation Trial Bar? _____

If yes, are you certified as lead or co-counsel? _____

14. Do you regularly practice in the Illinois Appellate Courts? _____

4.

Judge's Name	Location of Court
Case, Title, No. and Charge	Approx. Date
Opposing Counsel Name and Phone#	
Judge's Name	Location of Court

5.

Case, Title, No. and Charge	Approx. Date
Opposing Counsel Name and Phone#	
Judge's Name	Location of Court

FELONY BENCH TRIALS:

1.

Case, Title, No. and Charge	Approx. Date
Opposing Counsel Name and Phone#	
Judge's Name	Location of Court

2.

Case, Title, No. and Charge	Approx. Date
Opposing Counsel Name and Phone#	
Judge's Name	Location of Court

3.

Case, Title, No. and Charge Approx. Date

Opposing Counsel Name and Phone#

Judge's Name Location of Court

4.

Case, Title, No. and Charge Approx. Date

Opposing Counsel Name and Phone#

Judge's Name Location of Court

5.

Case, Title, No. and Charge Approx. Date

Opposing Counsel Name and Phone#

Judge's Name Location of Court

MISDEMEANOR JURY TRIALS:

1.

Case, Title, No. and Charge Approx. Date

Opposing Counsel Name and Phone#

Judge's Name Location of Court

2.

Case, Title, No. and Charge Approx. Date

Opposing Counsel Name and Phone#

Judge's Name

Location of Court

3.

Case, Title, No. and Charge

Approx. Date

Opposing Counsel Name and Phone#

Judge's Name

Location of Court

4.

Case, Title, No. and Charge

Approx. Date

Opposing Counsel Name and Phone#

Judge's Name

Location of Court

5.

Case, Title, No. and Charge

Approx. Date

Opposing Counsel Name and Phone#

Judge's Name

Location of Court

17. Approximately how many criminal cases have you personally handled on appeal since you were admitted to the Bar?

List the cases and provide citations of not more than 5 such appeals:

Name	Citation	Year
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Name	Citation	Year
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Name	Citation	Year
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Name	Citation	Year
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Name	Citation	Year
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18. List all legal seminars or other such activities in the nature of continuing legal education that you have attended in the past five years, stating as to each the date, sponsoring organization and subject matter.

The undersigned represents that the information herein contained is true and accurate and may be furnished to the public. I understand that this application is subject to approval by The Women's Criminal Defense Bar Association (WCDBA) and that my participation in the program is a privilege and not a matter of right. I further understand that this privilege may be suspended or revoked at any time. The decision of the WCDBA as to my acceptance and continuing participation in the program is final, provided that I may

withdraw from the Program at any time by written notice to the Association. I hereby authorize the Illinois Supreme Court Attorney Registration and Disciplinary Commission to furnish the WCDBA with information concerning inquiries filed against me with its office and to advise the Association if I am a member of the Bar of Illinois in good standing. I will, in no event, hold the WCDBA or any officer or member thereof of any Committee to any liability whatever in connection with the Program. I further agree to abide by the Regulations and Rules of the Conflict Attorneys Program as now in existence and as may from time to time be amended, as well as the Code of Professional Conduct of the Illinois Supreme Court and the Rules of the Circuit Court. I hereby acknowledge that I have received a copy of the Regulations and Rules of the Program.

Date

Signature of Applicant

ARDC Number

CONFLICTS ATTORNEYS PROGRAM REGULATIONS AND RULES:

The Conflicts Attorneys Program participants are a qualified, select group of attorneys who exemplify the finest qualities of the legal profession and possess knowledge and expertise in the felony trial courts. Attorneys in the Program are held to the highest standards of conduct in accordance with the Code of Professional Conduct of the Illinois Supreme Court. Program Attorneys must at all times display exemplary behavior, while serving as an attorney for the Program or otherwise, and always must be careful to avoid even the appearance of impropriety.

Participation in the Program is a privilege and not a matter of right; continued participation is contingent upon adherence to the high standards required by the Women's Criminal Defense Bar Association, as well as the Code of Professional Conduct, and the Rules of the Circuit Court of Cook County.

Lawyers participating in the Conflicts Program must abide by the following rules:

1. The attorney must respond promptly (within 24 hours) to a call from the WCDBA regarding a potential appointment.
2. The attorney must be willing to accept all appointments at the billing rate set by the Circuit Court of Cook County. The Attorney will not enter into separate fee arrangements with the client or client's family.
3. The attorney should remember that the Conflict's Program is designed to assist the Circuit Court of Cook County in the efficient administration of justice and to provide quality legal counsel to defendants who lack counsel.

4. The attorney must be available to appear personally on behalf of the defendant on the date/time assigned by the Chief Judge's Office.
5. An attorney is free to reject/accept an appointment if they so choose.
6. Any violation of the Code of Professional Conduct of the Illinois Supreme Court or the Rules of the Circuit Court of Cook County or failure to comply with any of these Regulations and Rules shall result in the removal of the attorney from the Program.
8. The attorney shall exercise due diligence and be a zealous advocate for his/her client.

I have read the foregoing Regulations and Rules of the WCDBA Conflict's Attorneys Program and agree to abide by these rules. I understand that my participation in the Program is a privilege and not a matter of right and may be suspended or revoked at any time. I further agree to abide by and recognize the finality of decisions of the Program Screening Committee.

Date

Signature of Applicant

To apply for the WCDBA Conflict's Attorney Program please complete the application, and mail or fax to:

Susant L. Ortiz
Chairperson, WCDBA Conflict's Attorney Program
565 West Adams, Ste. 600
Chicago, IL 60661
(312) 906-5076
sortiz@kentlaw.edu