



State of Florida  
 SIXTEENTH JUDICIAL CIRCUIT  
 MONROE COUNTY  
**COURT-APPOINTED ATTORNEY  
 APPLICATION**

[www.keyscourts.net](http://www.keyscourts.net)

CONTACT PERSON
Court Administration Cheryl Alfonso Freeman Justice Center 302 Fleming Street Key West, FL 33040 (305) 292-3423 <a href="mailto:cheryl.alfonso@keysourts.net">cheryl.alfonso@keysourts.net</a>

GENERAL INSTRUCTIONS
<ul style="list-style-type: none"> <li>Type or print in ink this application in its entirety.</li> <li>Mark the appropriate box indicating the county and category of cases for which you are applying.</li> <li>Mark the appropriate box indicating you meet the requirements in the categories for which you are applying.</li> <li>Sign your name in the Certification Section (page 2). All information you submit is subject to verification.</li> <li>Submit the <b>original</b> application to the contact person listed above.</li> </ul>

APPLICANT INFORMATION
Name: Last First Middle Initial
Business Address
County City State Zip
( ) - ( ) - ( ) -
Business Phone Fax Alternate Phone
Email Address Florida Bar Number

PROFESSIONAL REQUIREMENTS	
<p>Please read and initial the following:</p> <p>_____ I am a member in good standing with the Florida Bar.</p> <p>_____ I have read the contract for Court Appointed Attorneys located at <a href="http://www.justiceadmin.com">http://www.justiceadmin.com</a>.</p> <p>_____ I have read the Sixteenth Judicial Circuit's Administrative Order for Court Appointed Attorneys located at: <a href="http://www.keyscourts.net">http://www.keyscourts.net</a></p> <p>_____ I agree to comply with the Justice Administrative Commission's requirements for billing</p>	<p>_____ I will not solicit compensation from the defendant or other client that I am appointed to represent.</p> <p>_____ I will notify the Chief Judge and the JAC of any formal complaint filed by The Florida Bar against me; any non-confidential consent agreements entered into between myself and The Florida Bar; and any claim of ineffective assistance that has been set for a hearing before a judge or magistrate.</p> <p>_____ I agree to notify Court Administration in writing of changes in contact information, including address, phone, fax and e-mail.</p>

REGISTRY PREFERENCE							
Mark the appropriate box indicating the category and location for which you are applying.							
CATEGORIES	KW	MR	PK	CATEGORIES	KW	MR	PK
Criminal Registry-Misdemeanor/Criminal Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Appellate-Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Registry-Non Cap 2nd and 3rd degree Felony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Juvenile Delinquency Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Registry-Non Capital 1st Degree, Life Felony, Capital Sexual Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Juvenile Dependency Registry (shelter through Post Disposition and Appeals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital Registry—Death Certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Juvenile Dependency (TPR and Appeals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Appellate—County to Circuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard Guardianship and Appeals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Appellate—Non Cap 2 <sup>nd</sup> and 3 <sup>rd</sup> Degree Felonies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Guardianship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Appellate—Non Cap 1 <sup>st</sup> Degree, Life Felonies, Cap Sexual Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jimmy Ryce and Appeals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ATTORNEY QUALIFICATIONS**

Mark the appropriate box in the categories for which you are applying.

I hereby apply to serve as court-appointed counsel to represent indigent defendants in the categories marked below and certify that I meet the qualifications established for each category by the Indigent Services Committee.

**Criminal Cases**

- a) I am a member in good standing of the Florida Bar.
- b) I am in compliance with the Florida Bar approved continuing legal education requirements with a minimum of ten hours with in a reporting cycle devoted to criminal law.

**Criminal-Misdemeanor/Criminal Traffic Cases**

**Criminal-Second and Third Degree Felony Cases**

- a) I have been a member of the Florida Bar for at least two years with no fewer than three state or federal jury or non-jury trials, at least two of which were criminal cases.

**Criminal-First Degree, Life Felony, Capital and Capital Sexual Battery Cases**

- a) I have been a member of the Florida Bar for at least five years with no fewer than five state or federal jury trials, at least three of which were criminal cases.

**Capital Cases**

- a) I meet the requirements set forth in Fla. R. Crim. P. 3.112(f) Lead Counsel and/or:
- b) I meet the requirements set forth in Fla. R. Crim. P. 3.112(g) Co-counsel.

**Criminal Appellate Cases**

- a) I am in compliance with the Florida Bar approved continuing legal education requirements and I have a minimum of ten hours within a reporting cycle devoted to appellate law.
- b) I meet the experience requirements above for the criminal cases in which the appeal has been filed.

**Juvenile Delinquency Cases**

- a) I am a member of the Florida Bar.

**Jimmy Ryce Cases**

- a) I have been a member of the Florida Bar for at least five years with no fewer than five state or federal jury trials, at least three of which were criminal cases.

**Juvenile Dependency (Shelter to Post-Disposition & Appeals)**

- a) I have observed a shelter hearing, a dependency hearing and a termination of parental rights hearing.
- b) I will have completed at least six hours of approved continuing legal education, within the Florida Bar reporting cycle, in the area of dependency law.

**Juvenile Dependency (Termination of Parental Rights & TPR Appeals)**

- a) I have at least two adjudicatory hearings on petitions of dependency.
- b) I have at least one year of dependency experience.

**Standard Guardianship Cases**

- a) I am familiar with the practice and procedure of guardianship proceedings.
- b) I have experience in the use of expert witnesses and evidence.
- c) I have represented clients in no fewer than two guardianship proceedings.
- d) I will have completed at least six hours of approved continuing legal education, within the Florida Bar reporting cycle, in the area of guardianship law.

**Emergency Guardianship Cases**

- a) I certify I am familiar with and have knowledge of the following:

Chapter 415, Florida Statutes;  
Chapter 39, Florida Statutes (Baker Act);  
Chapter 397, Florida Statutes (Marchman Act);  
Chapter 392, Florida Statutes, Victims of Tuberculosis;  
Chapter 744 and 765, Florida Statutes and Rule 5.900, Florida

Rules of Probate, Health Care Directives; and  
Chapter 384, Florida Statutes, Victims of Sexually Transmitted Diseases.

**CERTIFICATION**

I certify that to the best of my knowledge and belief, all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith**. I understand that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for consideration and, if I am accepted to the registry and/or issued a contract, may be grounds for refusal of appointment or dismissal at a later date. I understand that if appointed, I am required to adhere to the contract and applicable policies and procedures established by the Sixteenth Judicial Circuit and/or Justice Administrative Commission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date