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Name:	SS#:	Bar No.:
Office Address		
		E-mail:
Are you a SDCBA Member? _	Yes No	
Education and Admissions		
Law School:		Graduated:
Years Practiced Law:	D	ate Admitted in California:
Admitted to practice law in other	state(s): Yes / No If	Yes, list states and year admitted:
Immigration and Panel Experie	<u>ence</u>	
Immigration and Panel Experience Are you a member of any of the	<u>ence</u>	
Immigration and Panel Experience Are you a member of any of the formal image.	ence following:	
Immigration and Panel Experience Are you a member of any of the solution of t	ence following: Association	
Immigration and Panel Experience Are you a member of any of the second Council	ence following: Association	
Language Proficiency (in additional lummigration and Panel Experience) Are you a member of any of the second Count Criminal Panel Any Immigration Pro Bono Panel	ence following: Association	
Immigration and Panel Experie Are you a member of any of the formation DAC Panel American Immigration Lawyers of Federal Court Criminal Panel	ence following: Association	
Immigration and Panel Experie Are you a member of any of the solution of the	ence following: Association	
Immigration and Panel Experience Are you a member of any of the second Panel American Immigration Lawyers of Federal Court Criminal Panel Any Immigration Pro Bono Panel Other	ence following: Association el ork:	

State Defender

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Employment History - please check off areas of previous employment:

Deputy Public Defender

Deputy City Attorney Federal Defender Deputy District Attorney Appellate Defender Assist U.S. Attorney Military Attorney Private Law Firm Solo Practitioner							
Ple	ease list las	t five years of emp	loyment, starting with	most recent	position	:	
Date of En	nployment	Employer				Supervisor	
Education	programs y		please indicate below and/or taught during th f necessary.				
Date	Sponsorir	ng Agency	Topic		Location	n	Hours

4.

6. <u>Immigration Law Experience</u> – before filling out the history of cases handled, please refer to the minimum requirements listed below for each classification:

Office of Assigned Counsel – A Quick Chart (See OAC Rules and Regulations for Complete Requirements) Applicants for Immigration defense must demonstrate they have met all of the requirements and continuing education.

Years of Immigration Practice	OAC-Approved CLE (minimum)	Immigration Defense Experience& Case Information	References
Minimum 3 years	12 Credit Hours	Removal Proceedings of DETAINED immigrants	List of attorneys with whomapplicant has practiced; List of References (may includejudges)

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*For each section, please indicate type of NTA Removal/Type of Removal Proceedings specified below:

- Board of Immigration Appeals (BIA)
- o Federal Circuit Appeals (FCA)
- Custody Redetermination (CR)
- O Criminal Charge Removal Proceeding (CCRP)
- Asylum
- o Other applicable
- 7. **Case History** please complete the appropriate information:
 - 7.1 Please indicated below the Immigration cases you handled as principal counsel in the past 5 years:

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

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<u>7.2 Trials</u> – please indicate below the following trials you handled to verdict in the past five years, place an asterisk by the case number where you served as second chair and indicate name of first chair in the box designated "co-counsel."

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						
6						
7						
8						
9				_		
10		_				_

7.3 Removal Proceedings - please indicate below the following cases you handled as primary counsel in the past 5 years:

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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7.4 **Bond Hearings** - please indicate below the bond hearings you handled as principal counsel in the past 5 years:

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						

- 7.5 **Fear Interviews** please indicate below the following fear interviews as principal counsel in the past five years:

 Please indicate type of fear interview under **NTA Removal** column:
 - o Credible Fear Interview (CFI)
 - o Reasonable Fear Interview (RFI)

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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7.6 **Asylum Hearings** – please indicate below the following asylum hearings as principal counsel in the past five years:

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

7.7 <u>Change of Jurisdiction Cases</u> - please indicate below the following change of jurisdiction cases as principal counsel in the past five years:

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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7.8 <u>Motions</u> – please indicate below the following 10 evidentiary and non-evidentiary motions you have handled

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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8. **Continuing Legal Education** – Please indicate below the following seminars in the past 5 years:

Date	Sponsoring Agency	Topic	Location	Hours

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9. Agreement

The Office of Assigned Counsel Program (hereinafter, "OAC") makes available to indigent persons accused of crimes the services of attorneys who have met the criteria for participation in the OAC Program. The applicant is applying for panel membership in the OAC Program. In exchange for OAC case assignments, applicant agrees to the following conditions and covenants:

I DECLARE UNDER PENALTY OF PERJURY THAT:

- I have read, understand, and agree to be bound by the Rules and Regulations of the OAC Program and by those that may be later adopted. The Rules and Regulations are incorporated by reference. In addition, I have read, understand and am familiar with the State Bar Rules of Professional Conduct, especially Rule 3-110 relating to professional competence.
- 2) I understand that my appointment to represent indigent defendants as an OAC Program panel attorney is a matter of privilege and not a matter of right and can be revoked.
- 3) I am an active member in good standing of the State Bar of California.
- I understand that I must meet and maintain the minimum requirements for the class for which I have applied. I also understand that the criteria for participation in OAC panels are the minimum requirements.
- 5) I maintain my principal legal office in the judicial district for which I have applied.
- 6) I agree to indemnify and hold harmless the County of San Diego, its Officers and Employees, members of the Screening Committees and other OAC committees, and other related officials for any liability or loss arising from my participation in the OAC Program or from the referrals, assignments or appointments.
- 7) I waive any and all claims against the County of San Diego, its Officers and Employees, members of the Screening Committees and other OAC committees, and other related officials for any liability arising from the operation of the OAC Program or from the referrals, assignments and appointments.
- All disputes shall be resolved in accordance with the Rules and Regulations of the OAC Program.

In the event of any unresolved dispute against the OAC program or its employees, the County of San Diego, members of the OAC Screening Committees and other OAC committees, or other related officials regarding my participation in or removal from the OAC Program, or any other dispute, I agree that such dispute shall be resolved by means of binding arbitration in accordance with the commercial arbitration rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator may be entered in any court of competent jurisdiction. The arbitrator shall be limited to awarding compensatory damages and shall have no authority to award punitive, exemplary or any other type damages. The prevailing party in the arbitration proceeding shall be entitled to recover its expenses, including costs of the arbitration proceeding and arbitrator fees, and reasonable attorneys' fees.

Notice: By signing this application I understand that I am agreeing to have any dispute arising out of my participation in the OAC Program decided by neutral arbitration as provided by California law and I am giving up any right I might possess to have the dispute litigated in a court or jury trial. By signing this application I am giving up my judicial right to appeal.

Instructions: Please type or print clearly in <u>black ink</u>. You may attach documents to this application but <u>do not</u> disassemble or rearrange this application.

I understand that if I refuse to submit to arbitration after agreeing to this provision, I may be compelled to arbitrate under the authority of the California Code of Civil Procedure.

Please date and sign here acknowledging that you have read, understand and agree to the contents of paragraph eight (8), above.

Date:	Signature
	9

- I understand that my application will allow inquiry of the Judges before whom I have appeared and attorneys who have worked with me or opposed me. I agree to those inquires being made and understand that the information received as a result of those inquires will be kept confidential. I also understand that if I am denied admission to a particular panel classification as a result of such confidential information, I will be notified that the denial was based on this factor. At my request, I will be given the opportunity to appear before the screening committee to address this factor and will receive reconsideration of my application, according to the procedures set forth in Section J of the OAC Rules and Regulations.
- I understand that a policy of professional liability insurance must be in force before I can be accepted onto the panel. I agree to maintain errors and omissions insurance in the amount of not less than \$250,000.00 for each occurrence and \$500,000.00 aggregate per year showing the County of San Diego as an additional named insured.
- 11) I agree to notify the OAC program within 10 days of actual notice that a complaint has been filed against me by the State Bar of California ("State Bar"), or like organization in any state, or that any complaint of a criminal nature has been filed anywhere against me.
- 12) I agree to complete and submit to the OAC Program all non-privileged reports/documents requested by the OAC Program regarding my performance on a OAC-assigned case, including billing and documentation of tasks completed by me.
- 13) I agree to notify the OAC program within 10 days of a hearing on a <u>Marsden</u> motion filed against me (excluding any privileged information), regardless of the outcome of the hearing. I understand that failure to report said Marsden motion within 10 days may result in interim suspension from the OAC panel.
- 14) I agree to notify the OAC program within 10 days of any sanctions imposed on me by any Court. I understand that failure to report said sanctions within 10 days may result in interim suspension from the OAC panel.
- 15) I understand that I must engage in at least 12 hours of immigration/criminal law continuing legal education and immigration/criminal law training each year, including the specific requisite seminars/courses for the highest class applied for, as set forth in the Rules and Regulations of the OAC program.
- 16) I understand that I shall provide aggregate information and analysis monthly and 30 days after pilot period's end, for incorporation into a program Annual Report prepared by the Public Defender's OAC. Monthly report data to be provided shall include: number of immigrants represented, number of days in custody before release (if released), dollar amount of the bond if given bond, substantive out comes and substantive motions, status of pending cases, returned to employment, returned to family, returned to community, remained in custody pending outcome, case interpretation needs, which language interpreters utilized, defense utilized during removal proceedings, and other data determined by the Legal Coordinator.

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VOLL M	MUST STRIKE THE INAPPLICABLE SENTENCE:
1 00 <u>IV</u>	SIRIRE THE INAPPLICABLE SENTENCE.
	I have not, at any time, had any disciplinary actions taken against me by the State Bar of California, or any other bar association.
	Or
	I have been disciplined by a bar association and describe the incident on a separate document attached hereto.
	I submit the foregoing information in support of my application and I agree to cooperate with the County of San Diego's Office of Assigned Counsel in facilitating reasonable verification thereof and otherwise reviewing my qualifications.
	read, understand, and agree to the terms of this agreement. I declare under penalty of perjury that the ation I have provided in this application is complete and accurate to the best of my knowledge.
Execut	ted at, California
	PLEASE SIGN IN BLACK INK
DATED	SIGNATURE OF APPLICANT
Return.	, along with a small photograph (no larger than 2" by 3") and required reference letters (see OAC Rules and

Regulations). The required photograph may be submitted to OAC in electronic form in the alternative.

Office of Assigned Counsel TO:

County of San Diego 451 A Street, Suite 1450 San Diego, California 92101