

**FIFTH JUDICIAL CIRCUIT**  
**COURT APPOINTED ATTORNEY REGISTRY APPLICATION**

Florida law requires that the Chief Judge of the Circuit compile a list of attorneys in private practice, by county and by category of cases, and provide the list to the clerk of court in each county. Cases in which the Public Defender's Office and/or the Criminal Conflict and Civil Regional Counsel have a conflict will be assigned to attorneys from this list.

Please complete this application **in its entirety**. Incomplete applications will be returned to the applicant for completion. Please print legibly in blue or black ink or type. **A copy of your Florida Bar card must be included with the application at the time of submission.** Fax or mail completed form to:

Stephanie Jennings  
Office of the General Counsel  
Hernando County Courthouse  
20 N. Main Street, Room 200  
Brooksville, FL 34601  
(352)754-4049 fax

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Name: \_\_\_\_\_ Florida Bar# \_\_\_\_\_  
(As it appears on your FL Bar Membership)

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Minimum Professional Requirements:** (Please initial confirming each requirement)

- \_\_\_ I am a member in good standing with the Florida Bar and meet at least the minimum Experience and Continuing education requirements of 3 CLE hours approved by the Florida Bar within the last 12 months devoted to the area of law I am requesting court appointment.
- \_\_\_ I maintain malpractice insurance. *(This is not a mandatory requirement but is strongly recommended)*
- \_\_\_ I have received and reviewed Administrative Order A-2017-23 :Re: Expert Fees Guidelines.
- \_\_\_ I have reviewed and understand the agreement for attorney's services documents located on the JAC website at [www.justiceadmin.org](http://www.justiceadmin.org). and agree to comply with JAC's requirements for billing.
- \_\_\_ I understand that I am being paid commensurate with F.S. 27.5304.
- \_\_\_ I will not solicit compensation from the defendant or other clients, or their families on cases for which I serve as Court Appointed Attorney.

I will notify the Chief Judge of any formal complaint filed by the Florida Bar against me, any non-confidential consent agreements entered into between myself and The Florida Bar, any sanction order entered against me including those pursuant to 57.105, and, any claim of ineffective assistance of counsel that has been set for a hearing before a judge.

I understand that I am not a Registry Attorney until I have signed a contract with the Justice Administrative Commission and my application has been approved by the Chief Judge.

**COUNTY WHERE APPLICANT REQUESTS APPOINTMENT:**

Please remember that you **MUST** appear in person for every hearing on every case to which you are appointed unless your personal appearance has been excused by the Court *in advance*.

**Select one or both, as applicable:**

I have a principal office within the geographic boundaries of my selected county/counties

I have made arrangements for office space within those boundaries where I can meet with clients in a professional and confidential setting.

(Please check all that apply)

- Citrus County
- Hernando County
- Lake County
- Marion County
- Sumter County

**REGISTRY PREFERENCE:**

**CRIMINAL (General)**

(Please check all case types for which you are seeking appointment)

- Criminal Felony- 2<sup>nd</sup> or 3<sup>rd</sup> Degree Felony only
- Misdemeanor
- Criminal Traffic
- Jimmy Ryce
- Criminal Appeals- Misdemeanor
- Criminal Appeals- Felony
- Post-Conviction (Rules 3.800 and 3.850)

**ADDITIONAL QUALIFICATIONS FOR COURT APPOINTMENT TO LIFE FELONIES, 1<sup>st</sup> DEGREE FELONIES AND CAPITAL SEXUAL BATTERY CASES:**

1. Be a member in good standing with The Florida Bar.
2. Be in compliance with The Florida Bar approved continuing legal education requirements, with a minimum of ten (10) hours within a reporting cycle devoted to criminal law.
3. Meet the following experience requirements:
  - a. In *capital death penalty cases*, the attorney shall meet the qualifications as outlined in Rule 3.112 (f-g), Rules of Criminal Procedure, as applicable for category selected.

- b. In *first degree felonies, life felony and capital sexual battery cases*, the attorney shall have been a member of The Florida Bar and an experienced and active trial practitioner with no fewer than five (5) state or federal criminal jury trials.

- Capital – 1<sup>st</sup> Degree Murder (Lead Counsel)- By initialing, I certify that I meet the above qualifications  
 Capital – 1<sup>st</sup> Degree Murder (Co-Counsel)- By initialing, I certify that I meet the above qualifications  
 First degree felonies, life felonies and capital sexual battery cases- By initialing, I certify that I meet the above qualifications

**DELINQUENCY** (Please check all case types for which you are seeking appointment)

- Juvenile Delinquency Felony  
 Juvenile Delinquency Misdemeanor  
 Juvenile Delinquency Appeals  
 Violation of Probation

**DEPENDENCY** (Please check all case types for which you are seeking appointment)

\*Please note that you are required to participate in educational opportunities on the rules and procedures for dependency/termination of parental rights appeals in order to be placed on the assignment rotation for these cases. But selecting Dependency appeals or TPR appeals you are certifying that you have met the educational requirements as set forth in *AOSC17-11 In Re: Dependency and Termination of Parental Rights Appeals*

- Dependency – Chapter 39  
 Parental Notification of Abortion Act  
 Termination of Parental Rights (Ch. 39 and Ch. 63)  
 Appeals – Dependency  
 Appeals – TPR  
 CINS/FINS – Ch. 984, F.S.  
 Emancipation – Section 743.015, F.S.

**GUARDIANSHIP** (Please check all case types for which you are seeking appointment)

- Guardianship (Ch. 744, F.S.)  
 Guardianship – Emergency (Ch. 744, F.S.)

**BAKER/MARCHMAN ACT** (Please check all case types for which you are seeking appointment)

- Baker/Mental Health (Ch. 394, F.S. – Conflicts from PD Office)  
 Marchman Act/Substance Abuse (Ch. 397, F.S. – Conflicts from PD Office)

**OTHER ADULT CIVIL** (Please check all case types for which you are seeking appointment)

- Adult Protective Services (Ch. 415, F.S.)  
 Developmentally Disabled Adult (Ch. 393, F.S.)

**OTHER CIVIL HEALTH** (Please check all case types for which you are seeking appointment)

- Admission of Inmate to Mental Health Facility  
 Medical Procedures – (Mental Health – Patients’ Rights)- Section 394.459(3), F.S.  
 Tuberculosis (Ch. 392 F.S.)

**\*\*\* CERTIFICATION OF PERSONAL APPEARANCE: (Please initial. Only those attorneys who agree to the provisions below will be added to the registry list)**

\_\_\_\_\_ **I understand that I am REQUIRED TO APPEAR IN PERSON FOR EVERY HEARING IN EVERY CASE TO WHICH I AM APPOINTED BARRING ANY UNFORESEEN, EXCEPTIONAL CIRCUMSTANCE. TELEPHONIC APPEARANCE CAN ONLY BE OBTAINED BY LEAVE OF COURT. A motion requesting telephonic appearance must be filed AT LEAST TEN (10) DAYS PRIOR TO ANY HEARING. Permitting telephonic appearance will be at the sole discretion of the presiding Judge. Failure to comply with this condition may result in my immediate removal from the registry.**

\_\_\_\_\_ **I understand my client communication responsibilities pursuant to Rule 4-1.4 of the Rules of Professional Conduct of The Florida Bar and agree to maintain regular client contact and/or personally appear/consult with my client prior to any Court appearance.**

\_\_\_\_\_ **I understand that my inclusion on the Fifth Circuit General Registry List may be rescinded by the Chief Judge at will.**

### CERTIFICATION

I hereby 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, 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 with the Justice Administrative Commission, and applicable policies and procedures established by the Fifth Judicial Circuit and/or Justice Administrative Commission.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Florida Bar Number

\*\*\*This information is consistent with the statutory changes that have been incorporated into the Fiscal Year 2014/2015 JAC Agreements for Attorney Services. The statutory changes are located in Ch.2014-49, Laws of Florida.

Approved as to legal sufficiency:

\_\_\_\_\_  
Grace A. Fagan, General Counsel                      Date

Approved on \_\_\_\_\_, 201\_\_\_\_:

\_\_\_\_\_  
S. Sue Robbins, Chief Judge, Fifth Circuit