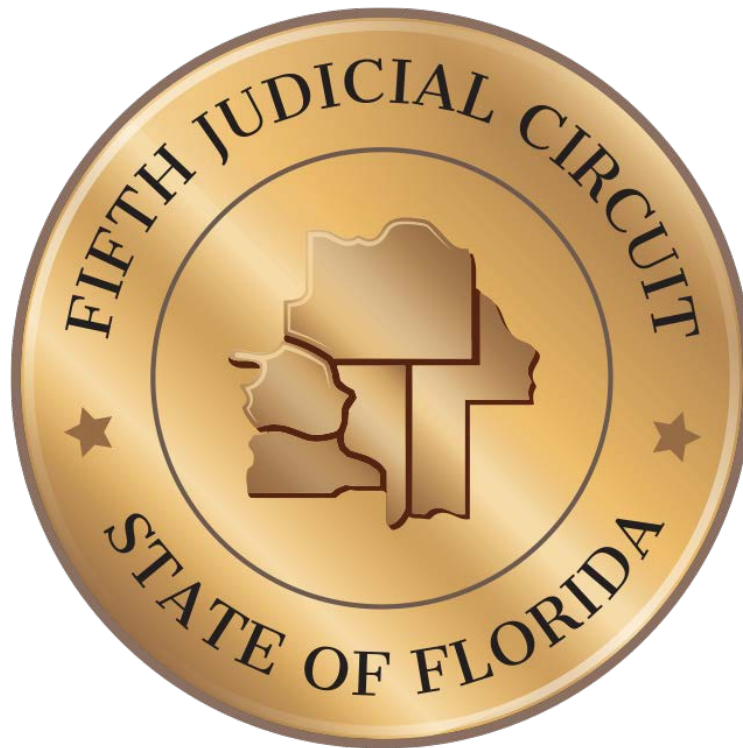


**FIFTH JUDICIAL CIRCUIT
COURT APPOINTED ATTORNEY
REGISTRY**



**REQUEST TO BE ADDED TO REGISTRY
FORM AND INSTRUCTIONS**

2019

INFORMATION & INSTRUCTIONS:

1. Florida law requires that the Chief Judge of the Circuit compile a registry of attorneys in private practice, by county and by category of cases, and provide the registry to the clerk of court in each county.
2. 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 registry.
3. To be included on the registry, complete the attached Request to be Added to the Registry Form. The form is also available at www.circuit5.org.
4. Submit the completed form and a copy of your Florida Bar Card to the Fifth Judicial Circuit, Office of General Counsel at the any of the following addresses:

Hand Delivery	U.S. Mail	E-mail	Fax
550 W. Main St Tavares, Florida 32778	P.O. Box 7800 Tavares, Florida 32778	mhey@circuit5.org	(352) 253-1630

5. The signed and completed form will be reviewed by the Chief Judge of the Fifth Judicial Circuit who will either approve or deny the attorney’s addition to the registry. If approved, the updated registry will be sent to the Justice Administrative Commission (JAC) for financial approval.
6. Before an attorney may be added to the registry, a contract between the attorney and the Judicial Administrative Commission (hereinafter “JAC”) must be on file. The JAC contract can be downloaded from the JAC website at www.justiceadmin.org. Payment for services rendered and all due process costs are processed through the Justice Administrative Commission.
7. You may also contact the Justice Administrative Commission in the following ways:

Hand Delivery	U.S. Mail	Phone	Fax
227 N. Bronough Street Suite 2100 Tallahassee, FL 32301	P.O. Box 1654, Tallahassee, FL 32302	(850) 488-2415	(850) 488-8944

8. Temporary assignments to the registry by a judge require a different form. See "Sample Order for Temporary Assignment to Registry" and follow the same procedures as above.



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

PERSONAL INFORMATION:

Date: _____

Name: _____ Florida Bar No.: _____
(As it appears on your FL Bar Membership)

Business Name: _____

Business Address: _____

(City) (State) (Zip Code)

Mailing Address: _____

(City) (State) (Zip Code)

Business Phone: _____ Business Fax: _____

E-Mail Address: _____

Alternate Email Address: _____

COUNTY/COUNTIES WHERE APPLICANT REQUESTS APPOINTMENT:

Please check all that apply:

___ Citrus County ___ Hernando County ___ Lake County

___ Marion County ___ Sumter County

OFFICE REQUIREMENTS

Select all that apply:

- I have a principal office within the geographic boundaries of my selected county/counties
- I have made arrangements for office space, within the geographic boundary/boundaries of the county/counties I selected, where I can meet with clients in a professional and confidential setting.

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, 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.
- I will appear in person for every hearing on every case to which I am appointed unless my personal appearance has been excused by the Court *in advance*

CASE APPOINTMENT SELECTION:

CRIMINAL CASE SELECTIONS:

CRIMINAL CAPITAL: QUALIFICATIONS FOR COURT APPOINTMENT TO: LIFE FELONIES, 1ST 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.

By initialing, I certify that I meet the above qualifications:

- ___ Capital – 1st Degree Murder (Lead Counsel)
- ___ Capital – 1st Degree Murder (Co-Counsel)-
- ___ First degree felonies, life felonies and capital sexual battery cases
- ___ Capital Appeals

CRIMINAL (General)

Please check all case types for which you are seeking appointment:

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

DELINQUENCY:

Please check all case types for which you are seeking appointment:

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

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.)

DEPENDENCY:

Please check all case types for which you are seeking appointment:

SPECIAL REQUIREMENTS:

Any attorney selecting Dependency Appeals and/or Termination of Parental Rights Appeals are required to participate in educational opportunities on the rules and procedures of those types of cases in order to be placed on the assignment rotation for these cases. By selecting Dependency Appeals or TPR Appeals, you are certifying that you meet the educational requirement.

- 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.

GAL

- ___ Children with Special Needs

By requesting to participate in the registry for children with certain special needs, I am certifying the following:

___ I meet the minimum requirements for court-appointed counsel including requirements for attorneys appointed to represent children in dependency cases.

___ I have at least one of the following:

___ I have at least one (1) year of experience representing children in dependency cases within the last five (5) years; or

___ I am currently supervised by an attorney that has at least one (1) year of experience representing children in dependency cases; or

___ I have observed at least thirty (30) hours of hearings in dependency cases including at least one (1) shelter hearing, one (1) dependency adjudicatory hearing, one (1) judicial review hearing, one (1) hearing pursuant to either rule 8.350 or 8.355, Fla.R.Juv.P. and one (1) termination of parental rights trial.

___ Within the last two (2) years I have attended at least ten (10) hours of continuing legal education devoted to the legal needs of children at least five (5) hours of which were devoted to representation of children with special needs or disabilities and at least one (1) hour of which was devoted to ethics related to the representation of children or, if I have not, I will complete the requisite CLE requirements within three (3) months of being placed on the registry.

___ I have reviewed the Florida Guidelines of Practice for Lawyers Who Represent Children in Abuse and Neglect Cases.

THIS SPACE LEFT BLANK INTENTIONALLY

CERTIFICATION OF PERSONAL APPEARANCE:

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**
Initial **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
Initial 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
Initial 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.

Approved on _____, 201____:

Signature of Applicant

Date

The Honorable S. Sue Robbins,
Chief Judge, Fifth Judicial Circuit

Florida Bar Number

Approved as to legal sufficiency:

Jeffery K. Fuller, Esq. Date
General Counsel, Fifth Judicial Circuit