

PART I: APPLICATION FOR THE CAPITAL TRIAL ROSTER

Section B. ASSOCIATE ROSTER

Name: _____
(Last), (First) (Middle Initial) (Suffix)

NC State Bar #: _____

Employer Name: _____

Work Address: _____

Phone # (Work): _____.

Phone # (Cell): _____.

Phone # (Facsimile): _____.

Email Address: _____@_____

Home County: _____

(Please select your primary county of business or operations or the county in which you live. This will be your "Home County" for appointment purposes)

Are you, or your staff, Fluent in Foreign Language(s)? [] YES, [] NO.

If "yes", then Please List the Language(s): _____

Have you ever been disciplined by the N.C. Bar or any other jurisdiction's Bar?
[] YES, [] NO.

If you answered "Yes" to the above question, then please submit a copy of the document(s) alleging misconduct, responsive documents (if any), and the Judgment (Censure, warning, disbarment, etc.).

Please **Initial ALL that apply;**

_____ I have at least three years of criminal or civil litigation experience.

_____ I am familiar with ethics requirements, current criminal practice and procedure in North Carolina, and capital jurisprudence established by the Supreme Court of the United States and Supreme Court of North Carolina.

_____ I have participated as trial counsel in at least four jury trials to verdict or to hung jury or have practiced with a capital defense organization for two years.

_____ I have substantial familiarity and experience in the use of expert witnesses, the use of scientific and medical evidence and experience in the use of evidence concerning mental health, social history, and pathology.

I DO NOT REQUIRE A WAIVER.

I REQUIRE A WAIVER. (Please attach an additional sheet with the heading "WAIVER". 1. State the requirement that you are seeking a waiver from. 2. State the reason that you believe a waiver is warranted.)

REQUIRED SUBMISSIONS:

List all first-degree murder cases in which you have appeared within the previous five years or **use N/A if not applicable**. Also, attach an additional sheet if necessary.

(1)Case Name: State v. _____ County: _____

Judge: _____ Prosecutor(s): _____

Co-Counsel: _____ Plea: _____

Verdict and Sentence: _____

Appellate Citation (if any): _____

(2)Case Name: State v. _____ County: _____

Judge: _____ Prosecutor(s): _____

Co-Counsel: _____ Plea: _____

Verdict and Sentence: _____

Appellate Citation (if any): _____

(3)Case Name: State v. _____ County: _____

Judge: _____ Prosecutor(s): _____

Co-Counsel: _____ Plea: _____

Verdict and Sentence: _____

Appellate Citation (if any): _____

[] Submit two examples of substantial written legal work prepared by you at the trial or appellate levels in two different felony cases. Examples include briefs and motions.

[] List all Specialized Criminal Defense Training that you have attended within the past five years. Attach additional sheet if necessary or use N/A if not applicable. **(Applicant may elect to attach a NC Bar CLE Printout).**

(1) Program Date: _____ Program Sponsor: _____
Program Name: _____

(2) Program Date: _____ Program Sponsor: _____
Program Name: _____

(3) Program Date: _____ Program Sponsor: _____
Program Name: _____

(4) Program Date: _____ Program Sponsor: _____
Program Name: _____

<p>REQUIRED REFERENCES:</p> <p>Superior Court Judge #1, Name: _____ Address: _____ _____ Phone #: _____ Email Address: _____ @ _____</p> <p>Superior Court Judge #2, Name: _____ Address: _____ _____ Phone #: _____ Email Address: _____ @ _____</p> <p>Prosecutor #1, Name: _____ Address: _____ _____ Phone #: _____ Email Address: _____ @ _____</p>

Prosecutor #2, Name: _____

Address: _____

_____ Phone #: _____

Email Address: _____ @ _____

Defense Counsel #1, Name: _____

Address: _____

_____ Phone #: _____

Email Address: _____ @ _____

Defense Counsel #2, Name: _____

Address: _____

_____ Phone #: _____

Email Address: _____ @ _____

I certify that I have given true, accurate, and complete information on this application to the best of my knowledge. I authorize the IDS Office to investigate all information provided and supporting submissions. I understand that false information, false documentation, or a failure to disclose relevant information may be grounds for rejection of my application.

I consent to a confidential inquiry by the IDS Office of the contacts listed in this application and of others familiar with my competence. I understand that information received by the IDS Office in conjunction with this application is confidential and available for use only by the IDS Office or appropriate committee of the IDS Commission and shall not be disclosed except as required by law. By submitting this application, I explicitly waive the right to review reference information obtained by the IDS Office.

I have read the IDS Rules for Providing Legal Representation in Capital Cases, Part 2 and Appendix, and agree to abide by the rules and conditions of appointment set forth there.

Signature of Applicant

Date Signed