

**APPLICATION FOR**  
**THE MITIGATION SPECIALIST ROSTERS**

## APPLICATION FOR THE MITIGATION SPECIALIST ROSTERS

IDS Office Use Only:

Date Application Reviewed and Filed: \_\_\_\_\_

IDS Office File Number: \_\_\_\_\_

### INSTRUCTIONS:

1. The application for mitigation specialists is available on the IDS website: [www.ncids.org](http://www.ncids.org). To access a fill-able application, go to [www.ncids.org](http://www.ncids.org). After the IDS home page appears, click on the Forms and Applications link near the top of the page. Then click on Application for the Mitigation Specialist Rosters.
2. Complete the application to apply to be on the roster of mitigation specialists eligible to be appointed in a capital case as a Mitigation Specialist I, Mitigation Specialist II, or Mitigation Specialist III. The qualifications for the various categories of mitigation specialists are set forth in the Standards for Mitigation Specialists in Capital Cases, which are posted on the IDS website. The hourly fees for a Mitigation Specialist I, Mitigation Specialist II, and Mitigation Specialist III are \$35, \$45, and \$55, respectively. Please complete the application form by computer or typewriter, or print neatly, and answer all questions as completely as practicable. If additional space is needed to answer a question, attach additional pages to the application.
3. All information contained in this application, documents submitted in support of this application, and reference information obtained by the IDS Office, shall be confidential and available for use only by the IDS Office, its designee(s), or any appropriate committee of the Commission on Indigent Defense Services ("IDS Commission"), and shall not be disclosed except as required by law. By submitting an application, an applicant explicitly waives the right to review reference information obtained by the IDS Office.
4. Mail the completed application and any required or optional submissions to: Office of the Capital Defender, Attn: Mitigation Specialists Rosters, 123 West Main Street, Suite 601, Durham, N.C. 27701.
5. Only completed applications will be reviewed by the IDS Office or its designee. Each applicant will be notified by mail as to whether he or she has been placed on one of the rosters of eligible mitigation specialists.
6. If your application to be placed on one of the rosters for mitigation specialists is accepted, you must agree to abide by the Standards for Mitigation Specialists in Capital Cases set forth on the IDS website. In order for a mitigation specialist to be appointed to a capital case, the attorney(s) appointed to represent a defendant in a capital case must submit a written request for funds, pursuant to IDS Rule 2D.1, requesting authorization to retain a mitigation specialist.

**APPLICATION FOR THE MITIGATION SPECIALIST ROSTERS**

**1. APPLICANT:**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

OR I do not have email. (Note: The IDS Office strongly encourages applicants to establish an email account if they do not currently have one.)

Indicate below if you are fluent in any second language(s):  
\_\_\_\_\_

List below any pending capital cases (trial, appellate, or post-conviction) in which you have been retained to work as a mitigation specialist. (Attach an additional sheet if necessary.):

1. Case Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Counsel: \_\_\_\_\_  
Name of any Co-Counsel: \_\_\_\_\_

2. Case Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Counsel: \_\_\_\_\_  
Name of any Co-Counsel: \_\_\_\_\_

3. Case Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Counsel: \_\_\_\_\_  
Name of any Co-Counsel: \_\_\_\_\_

4. Case Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Counsel: \_\_\_\_\_  
Name of any Co-Counsel: \_\_\_\_\_

5. Case Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Counsel: \_\_\_\_\_  
Name of any Co-Counsel: \_\_\_\_\_

**2. ELIGIBILITY INFORMATION:** See IDS Standards for Mitigation Specialists in Capital Cases, available at [www.ncids.org](http://www.ncids.org):

EDUCATIONAL BACKGROUND: Check one of the boxes below:

I have a bachelor's degree in social work, psychology, counseling or a related field.

I have a master's degree in social work, psychology, counseling or a related field.

I have a doctoral degree in social work, psychology, counseling or a related field.

I am requesting a waiver of this requirement in paragraph 4 below.

PROFESSIONAL EXPERIENCE: Check one of the boxes below:

I have less than one year of experience working as a mitigation specialist on capital cases.

I have more than one year, but less than five years, of experience working as a mitigation specialist on capital cases.

I have more than five years of experience working as a mitigation specialist on capital cases.

I am requesting a waiver of this requirement in paragraph 4 below.

CAPITAL MURDER CASES: List below all of the capital murder cases, which are not listed above, in which you have been retained to work as a mitigation specialist in the past five years. (Attach an additional sheet if necessary.):

1. Case Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Counsel: \_\_\_\_\_  
Name of any Co-Counsel: \_\_\_\_\_  
Plea: \_\_\_\_\_  
Verdict(s): \_\_\_\_\_  
Sentence: \_\_\_\_\_
  
2. Case Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Counsel: \_\_\_\_\_  
Name of any Co-Counsel: \_\_\_\_\_  
Plea: \_\_\_\_\_  
Verdict(s): \_\_\_\_\_  
Sentence: \_\_\_\_\_

3. Case Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Counsel: \_\_\_\_\_  
Name of Co-Counsel: \_\_\_\_\_  
Plea: \_\_\_\_\_  
Verdict(s): \_\_\_\_\_  
Sentence: \_\_\_\_\_

4. Case Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Counsel: \_\_\_\_\_  
Name of any Co-Counsel: \_\_\_\_\_  
Plea: \_\_\_\_\_  
Verdict(s): \_\_\_\_\_  
Sentence: \_\_\_\_\_

5. Case Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Name of Counsel: \_\_\_\_\_  
Name of any Co-Counsel: \_\_\_\_\_  
Plea: \_\_\_\_\_  
Verdict(s): \_\_\_\_\_  
Sentence: \_\_\_\_\_

TRAINING PROGRAMS: List below any specialized capital defense or mitigation specialist training programs that you have attended within the past five years. (Attach an additional sheet if necessary.):

1. Date: \_\_\_\_\_

Program: \_\_\_\_\_

Sponsor: \_\_\_\_\_

2. Date: \_\_\_\_\_

Program: \_\_\_\_\_

Sponsor: \_\_\_\_\_

3. Date: \_\_\_\_\_

Program: \_\_\_\_\_

Sponsor: \_\_\_\_\_

4. Date: \_\_\_\_\_

Program: \_\_\_\_\_

Sponsor: \_\_\_\_\_

5. Date: \_\_\_\_\_

Program: \_\_\_\_\_

Sponsor: \_\_\_\_\_

REFERENCES: List the names, addresses, telephone numbers, and email addresses of five defense attorneys who are familiar with your work as a mitigation specialist:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_



**3. ATTACHED SUBMISSIONS:**

I have attached a complete resume of my educational and professional experience.

I have also attached the following additional material that may assist the IDS Director or his or her designee, in evaluating my qualifications and experience:

**4. WAIVER OF REQUIREMENTS OR SUBMISSIONS: *See Standards for Mitigation Specialists in Capital Cases, available at [www.ncids.org](http://www.ncids.org):***

For the following reason(s), I am unable to satisfy the following requirement(s) or make the following submission(s), and request that said requirement(s) or submission(s) be waived:

I possess the following qualifications to be retained as a mitigation specialist in capital cases, which justify waiver of the above requirement(s) or submission(s). (Attach an additional sheet if necessary.):

**5. JUDICIAL DIVISION(S):**

I want to be on the list of mitigation specialists eligible for appointment to a capital case in the following Judicial Division(s). (Check all that apply.):

First Judicial Division:

District 1 (Camden, Chowan, Currituck, Dare, Gates, Pasquotank, Perquimans)

District 2 (Beaufort, Hyde, Martin, Tyrrell, Washington)

District 3A (Pitt)

District 6A (Halifax)

District 6B (Bertie, Hertford, Northampton)

District 7 (Edgecombe, Nash, Wilson)

Second Judicial Division:

District 3B (Carteret, Craven, Pamuco)

District 4 (Duplin, Jones, Onslow, Sampson)

District 5 (New Hanover, Pender)

District 8 (Greene, Lenoir, Wayne)

Third Judicial Division:

District 9 (Franklin, Granville, Vance, Warren)

District 9A (Caswell, Person)

District 10 (Wake)

District 14 (Durham)

District 15A (Alamance)

District 15B (Chatham, Orange)

Fourth Judicial Division:

District 11 (Harnett, Johnston, Lee)

District 12 (Cumberland)

District 13 (Bladen, Brunswick, Columbus)

District 16A (Hoke, Scotland)

District 16B (Robeson)

Fifth Judicial Division:

District 17A (Rockingham)  
District 17B (Stokes, Surry)  
District 18 (Guilford)  
District 19B (Montgomery, Moore, Randolph)  
District 21 (Forsyth)  
District 23 (Alleghany, Ashe, Wilkes, Yadkin)

Sixth Judicial Division:

District 19A (Cabarrus)  
District 19C (Rowan)  
District 20 (Anson, Richmond, Stanly, Union)  
District 22 (Alexander, Davidson, Davie, Iredell)

Seventh Judicial Division:

District 25 (Burke, Caldwell, Catawba)  
District 26 (Mecklenburg)  
District 27A (Gaston)  
District 27B (Cleveland, Lincoln)

Eighth Judicial Division:

District 24 (Avery, Madison, Mitchell, Watauga, Yancey)  
District 28 (Buncombe)  
District 29 (Henderson, McDowell, Polk, Rutherford,  
Transylvania)  
District 30 (Cherokee, Clay, Graham, Haywood, Jackson,  
Macon, Swain)

**6. CERTIFICATION:**

I, the undersigned, certify that I have given true, accurate, and complete information on this application to the best of my knowledge. I authorize the IDS Office or its designee to investigate all information provided in this application 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 or its designee of the references listed in this application and others familiar with my competence, for the purpose of determining whether I fulfill the requirements to be placed on the roster of mitigation specialists eligible for appointment in capital cases. I further understand that all information received by the IDS Office or its designee in conjunction with this application, including reference information, shall be confidential and available for use only by the IDS Office, its designee, or any 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 or its designee.

I have read the Standards for Mitigation Specialists in Capital Cases, and agree to abide by the requirements set forth there.

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Signature of Applicant

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Date