

**APPLICATION FOR THE JUVENILE DELINQUENCY INDIGENT DEFENSE LIST FOR
DISTRICT 15B**

INSTRUCTIONS:

1. READ Qualification Standards for Practice in Juvenile Delinquency Court in Orange/Chatham County. The Juvenile Standards are "Appendix A" of the District 15B Appointment Plan.
2. COMPLETE this application to apply to be on the roster of attorneys eligible to be appointed as juvenile defense counsel in delinquency matters or in order to show cause matters against undisciplined juveniles. Please type or print neatly, and answer all questions completely. If additional space is needed to answer a question, attach pages to the application. Applicant must also complete "Application for District 15B Indigent Lists" and submit with the Juvenile application.
3. RETURN THE COMPLETED APPLICATIONS TO: Committee on Indigent Appointments, Office of the Public Defender, 200 S. Cameron Street, Suite 150, Hillsborough, N.C. 27278 or Fax: 919.643.4401
4. PROCESSING OF APPLICATIONS: Only completed applications will be reviewed by the Committee on Indigent Appointments. Each applicant will be notified by mail or email as to whether he or she has been placed on the applicable list(s) of eligible attorneys.
5. CASE APPOINTMENTS: By submitting the following application, an attorney agrees to abide by the rules and conditions of appointment which are set forth in the Qualification Standards for Practice in Juvenile Delinquency Court in Orange and/or Chatham County.

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1. APPLICANT

Name: _____
(First) (Middle) (Last)

State Bar Number: _____

Firm or Employer: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email address: _____

Indicate below which list(s) you are applying for:

List 4a: Class 1-3 Misdemeanors, Motions for Contempt

List 4b: Class A1 Misdemeanors, Class F through I Felonies, Probation Violations

List 4c: Class A through E Felonies (Note: By applying for this list, you may be required to continue to represent the juvenile if the juvenile's case is transferred to Superior Court).

Request for placement on the above list(s) are for: ___ Orange ___ Chatham ___ Both

2. ELIGIBILITY INFORMATION: See Qualification Standards for Practice in Juvenile Delinquency Court in Orange and/or Chatham County.

JUVENILE DEFENSE EXPERIENCE: Check one of the boxes below:

I have recently practiced in juvenile delinquency court on a consistent basis for at least three full years.

I have recently practiced in juvenile delinquency court on a consistent basis for at least one full year.

I am requesting a waiver of this requirement for the following reason(s):

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GENERAL EXPERIENCE: Check one of the boxes below:

I have recently practiced in criminal court on a consistent basis for at least three full years.

I have recently practiced in criminal court on a consistent basis for at least one full year

I am requesting a waiver of this requirement for the following reason(s):

TRAINING PROGRAMS: List below any specialized juvenile defense training 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: _____

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OTHER RELEVANT EXPERIENCE:

1. Court Observation: Please list below the dates, districts (including counties) and numbers of court sessions observed.

DATE	DISTRICT/COUNTY	NUMBER OF SESSIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Court Counselor Orientation: Please list the district (and county), contact person, and date of orientation to local court counselors office.

LOCATION: _____
CONTACT PERSON: _____
DATE: _____

3. Detention Center Orientation: Please list the location, supervisor, contact person (if other than supervisor), and date of orientation to local juvenile detention center.

LOCATION: _____
SUPERVISOR: _____
CONTACT PERSON: _____
DATE: _____

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 Committee on Indigent Appointments 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 further understand that all information received by the Committee in conjunction with this application, shall be confidential and available for use only by the Committee and shall not be disclosed except as required by law.

I have read the Qualification Standards for Practice in Juvenile Delinquency Court in Orange and/or Chatham County and agree to abide by the rules and conditions of appointment set forth there.

Signature of Applicant

Date