

APPLICATION FOR INCLUSION ON CJA PANEL

NAME: _____

LAW FIRM AND BUSINESS ADDRESS: _____

HOME ADDRESS: _____ **BUSINESS**

PHONE: _____ **OTHER:** _____

EMAIL ADDRESS (to be used only for CJA mailings): _____ **SOCIAL**

SECURITY NUMBER OR EMPLOYER I.D. NUMBER: _____

Institution(s) conferring legal degree(s) and date(s) received:

Date(s) of admission to state court of last resort and name of state(s) (REQUIRED):

Date of admission to the U.S. District Court of the Eastern District of Tennessee (REQUIRED): _____

Admission to other federal courts:

Name of Court

Date of Admission

Has any disciplinary action for attorney misconduct been adjudicated against you by any court, bar association, or regulatory agency? Yes _____ No _____

If yes, give the name of the tribunal, the date and disposition of the case.

Has any professional liability claim or suit ever been made against you? Yes _____ No _____

If yes, provide the date and disposition of the case and nature of the claim.

In approximately how many federal criminal cases have you provided representation as counsel of record in the last five years? _____

In approximately how many state or federal criminal and civil trials have you participated as counsel?

Jury Trials: _____ **Non-Jury:** _____

In what Continuing Legal Education have you participated in the past three years that would be pertinent to your representation of clients under the CJA? _____

Do you have any second language capabilities or other skills that might enable you to represent clients with special needs?

Yes _____ No _____ If yes, please describe: _____

Date: _____ **Signature:** _____

Applicant

Submit completed form to the United States District Court Clerk.