Chapter PD 1

APPENDIX D

WISCONSIN STATE PUBLIC DEFENDER

Protecting Justice For All

Class B–I Felony, Ch. 980 Commitment, Juvenile Delinquency (Felony), Termination of Parental Rights and Revocation (Felony) Certification List Request

Name:		SBID:
I request c	certification for the following case types (check	all that apply):
□ Trial 2	completed jury trial, or two trials to a court of rec	n trial counsel, alone or with other trial counsel in est; and has litigated a significant portion of one cord, or four testimonial hearings before a court of probation, parole or extended supervision. Wis.
□ Trial 3	•	case tried to a jury to final resolution; or has been ad litigated a significant portion of three civil or
□ Trial 3.	B — Class B and C felonies, Chapter 980 committhis request,, the attorney has been sole trial corresolution, at least one of which was a felony.	unsel in at least four cases tried to a jury to final
□ Trial S		E, F, G, H, I felonies): The attorney is certified ed of protection or services and ch. 938 juvenile the certification criteria for Trial 2 cases. Wis.
□ Trial S		en sole trial counsel in at least three trials to the serious allegation would be a felony if prosecuted
□ Trial S _]	· • • • • • • • • • • • • • • • • • • •	c defender approved legal education pertaining to lefender approved legal education pertaining to
□ Trial S		parole or extended supervision: The attorney es and has completed two credits of state public evocation. Wis. Admin. Code s. PD 1.04 (12) (b).

Provide documentation to verify your participation in the trials and hearings that satisfy the certification requirement(s) applicable to your request. Case names, numbers, and jurisdictions are necessary for verification. If the trials or hearings are from outside Wisconsin, you must provide copies of court documents.

Identify the approved legal education that satisfies the certification requirement(s).

I have reviewed the certification rules in Wis. Admin. Code ch. PD 1. I certify that all information submitted in support of my certification list request is true and correct. I understand that any material misrepresentation may result in denial of my certification list request or decertification.

Signature		

Return this form with any required attachments and your general certification application form to:

Assigned Counsel Division Wisconsin State Public Defender P.O. Box 7923 Madison, WI 53707–7923 (608) 267–1771

2/7/2010