

**APPLICATION FOR THE SIXTH DISTRICT APPELLATE
PROGRAM PANEL**

STATE BAR #: _____ NAME: _____

*Business Address (To be used for Court
and client communication)*

*Address (A physical address for transcript delivery is needed if a
P.O. Box is used for Business Address.)*

This address will not be released to anyone and will be used for SDAP
purposes only.

BUSINESS PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ FAX NUMBER: _____

YEAR ADMITTED: _____

LAW SCHOOL & YEAR _____

CERTIFIED CRIMINAL OR APPELLATE
SPECIALIST? _____

Public Defender? Y or N County _____ When _____

Prosecution? Y or N Agency _____ When _____

Appellate court attorney or law clerk? Y or N When, Where _____

Private practice? Y or N Percentage devoted to criminal appellate defense: _____

Describe your criminal appellate defense and other relevant experience:

Please list and briefly describe the three most significant cases you have recently handled.

List any seminars or other training programs on criminal and/or appellate law that you have attended:

