



THE STATE OF FLORIDA  
**JUSTICE ADMINISTRATIVE COMMISSION**

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**COMMISSIONERS**

**Dennis Roberts, Chair**  
*Public Defender*  
**Diamond R. Litty**  
*Public Defender*  
**Jerry Hill**  
*State Attorney*  
**Brad King**  
*State Attorney*

**APPLICATION FOR STATEWIDE  
ATTORNEY REGISTRY**

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_
2. Firm Name \_\_\_\_\_
3. Address \_\_\_\_\_
4. Email Address \_\_\_\_\_
5. In which judicial circuit(s) do you practice? \_\_\_\_\_
6. From which circuit(s) would you accept cases? \_\_\_\_\_
7. Do you have at least three years experience in the practice of criminal law, and have you participated in at least five felony trials, five felony appeals or five capital postconviction evidentiary hearings or any combination of at least five such proceedings?  Yes  No
8. Are you a member in good standing of the Florida Bar?  Yes  No
9. Florida Bar Number \_\_\_\_\_ Year Admitted \_\_\_\_\_

**BY SIGNING THIS APPLICATION, YOU ARE CERTIFYING:**  
**THAT YOU SATISFY THE MINIMUM REQUIREMENTS SET FORTH IN s. 27.704(2) AND 27.710(1), FLORIDA STATUTES; THAT YOU ARE COUNSEL OF RECORD FOR NOT MORE THAN FOUR POSTCONVICTION CAPITAL COLLATERAL PROCEEDINGS; THAT, IF APPOINTED TO REPRESENT A PERSON IN POSTCONVICTION CAPITAL COLLATERAL PROCEEDINGS, YOU WILL CONTINUE SUCH REPRESENTATION UNDER THE TERMS AND CONDITIONS SET FORTH IN s. 27.711, FLORIDA STATUTES, UNTIL THE SENTENCE IS REVERSED, REDUCED, OR CARRIED OUT OR UNLESS PERMITTED TO WITHDRAW FROM REPRESENTATION BY THE TRIAL COURT; AND, THAT YOU WILL COMPLY WITH ALL CLE REQUIREMENTS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date