

## THE STATE OF FLORIDA JUSTICE ADMINISTRATIVE COMMISSION

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## **COMMISSIONERS**

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## **APPLICATION FOR STATEWIDE CAPITAL COLLATERAL 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 satisfy the minimum requirements set forth in Sections 27.704(2) and 27.710(1), Florida Statutes, and Rule 3.112(k), Fla. R. Crim. P.?  Yes No  |         |
| 8.                                      | Are you a member in good standing of the Florida Bar?  |         |
| 9.                                      | Florida Bar Number Year Admitted   | _       |
| TH<br>FLO<br>RE<br>TH<br>PR<br>CO<br>RE | SIGNING THIS APPLICATION, YOU ARE CERTIFYING:  AT YOU SATISFY THE MINIMUM REQUIREMENTS SET FORTH IN s. 27.704(2) AND 27.710(1)  ORIDA STATUTES AND RULE 3.112(K), FLA. R. CRIM. P.; THAT YOU ARE COUNSEL OF  CORD FOR NOT MORE THAN NINE POSTCONVICTION CAPITAL COLLATERAL PROCEEDINGS  AT, IF APPOINTED TO REPRESENT A PERSON IN POSTCONVICTION CAPITAL COLLATERAL  OCCEDINGS, YOU WILL CONTINUE SUCH REPRESENTATION UNDER THE TERMS AND  NDITIONS SET FORTH IN s. 27.711, FLORIDA STATUTES, UNTIL THE SENTENCE IS REVERSED  DUCED, OR CARRIED OUT OR UNLESS PERMITTED TO WITHDRAW FROM REPRESENTATION  THE TRIAL COURT; AND, THAT YOU WILL COMPLY WITH ALL CLE REQUIREMENTS. | ;<br>), |
| <br>Sie                                 | nature — — — — — — — — — — — — — — — — — — —   |         |

Please return the completed form to contracts@justiceadmin.org