THE STATE OF FLORIDA
JUSTICE ADMINISTRATIVE COMMISSION

227 North Bronough Street, Suite 2100
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APPLICATION FOR STATEWIDE CAPITAL COLLATERAL ATTORNEY REGISTRY

1. Name: _____ Telephone: _____
2. Florida Bar Number: _____ Year Admitted: _____
3. Firm Name: _____
4. Address: _____
5. Email Address: _____
6. In which judicial circuit(s) do you practice?

   _____
7. From which circuit(s) would you accept cases?

   _____
8. 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
9. Are you a member in good standing of the Florida Bar? ☐ Yes ☐ No

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 AND RULE 3.112(K), FLA. R. CRIM. P.; THAT YOU ARE COUNSEL OF RECORD FOR NOT MORE THAN NINE 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

Please return the completed form to contracts@justiceadmin.org

JAC administratively serves the judicial-related offices of State Attorney, Public Defender, Criminal Conflict and Civil Regional Counsel, Capital Collateral Regional Counsel, and Statewide Guardian ad Litem. JAC also conducts compliance and financial reviews of billings for services submitted by court-appointed attorneys representing indigent persons and due process vendors.