



UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA

CJA PANEL ATTORNEY APPLICATION FORM

The following application must be typed and is to be completed by attorneys requesting court appointment to indigent defendants pursuant to the Criminal Justice Act of 1964, and the plan of the United States District Court for the District of South Carolina.

- 1. Please specify divisional location in which to receive CJA appointments. (Due to recent government budget cuts, traveling from one division to another is limited. Check the division location nearest your office. Please select only one division.)

- Charleston CJA List, Columbia CJA List, Florence CJA List, Greenville CJA List

2. Contact Information

Last Name First Middle

Social Security Number

Name of Firm

Street Address

City State Zip Code

Office Telephone Fax Number CM/ECF Email

3. Dates of Admission and Bar Numbers

- A. South Carolina Supreme Court (Date) (Bar #)
B. U.S. District Court, District of SC (Date) (Bar #)
C. U.S. Court of Appeals, Fourth Circuit (Date) (Bar #)

**4. Education**

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Undergraduate School Graduation Year

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Law School Graduation Year

Do you speak a foreign language? If so, give particulars and describe your level of fluency:

**5. Experience**

- A. Applicants must possess strong litigation skills and demonstrate proficiency with the federal sentencing guidelines, federal sentencing procedures, the Bail Reform Act, the Federal Rules of Criminal Procedure, and the Federal Rules of Evidence. Summarize your relevant experience.
  
- B. The CJA Plan for the District of South Carolina requires all applicants to attend a United States Sentencing Guidelines Training provided by the United States Probation Office for the District of South Carolina. List all Guidelines training received within the last year.
  
- C. Applicants must have practiced law at a minimum of three years and observed or participated in at least one federal criminal trial from start to finish. Summarize your experience in the representation of federal criminal defendants in the last five (5) years. State the number of criminal cases you have handled showing the number of jury trials, guilty pleas, and dismissals.

D. Summarize your experience in other federal litigation, including appellate matters.

E. Attorneys who do not possess the experience set forth above but believe they have equivalent other experience are encouraged to apply and set forth in writing the details of that experience for the Committee's consideration.

6. **Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined as an attorney?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," please provide additional details below. Add an additional sheet if needed.

7. **Attorney Certification**

I understand that if selected for membership, I will be required to certify annually to the Court that I have completed six hours of continuing legal education in federal criminal law.

I understand that I serve at the pleasure of the Court.

I further understand that I am personally responsible for the representation of my client and that duty cannot be delegated.

I understand that I will be expected to handle appeals resulting from an appointment.

I understand the compensation limits for appointed counsel under the Criminal Justice Act and that the court is the final arbiter of payment to counsel.

I am registered as a CM/ECF e-filer in the District of South Carolina.

I am licensed to practice law in the State of South Carolina.

I am in good standing with the federal bar for the District of South Carolina.

I have completed the foregoing application and I certify that the information contained therein is true.

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**Attorney Signature**

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**Date**

**Please mail this completed application to:**

**CJA Panel Selection Committee, 901 Richland Street, Columbia SC, 29201**

For statistical and reporting reasons, we request that you answer the following. This information in no way reflects on your pending application or anticipated appointments.

Race/National Origin: \_\_\_\_\_

Sex: \_\_\_\_\_

Handicap: \_\_\_\_\_