

**APPLICATION
FOR MEMBERSHIP IN THE CRIMINAL DEFENSE PANEL FOR THE
UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEVADA**

APPLICATION OF: _____

1. I have been engaged in the active practice of law since _____ .
2. I certify I am an active member, in good standing, of the State Bar of Nevada.
3. I was admitted to practice in the United States District Court for the District of Nevada on _____ .
4. I have also been admitted to practice in the following courts:

<u>Name of Court</u>	<u>Location</u>	<u>Date Admitted</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Criminal and civil trial experience within the five years preceding this application (attach additional sheet if necessary):

6. Criminal and civil appellate experience within the five years preceding this application (attach additional sheets if necessary):

7. Additional matters carried to final disposition in state or federal courts (motions, habeas corpus, etc.) (Attach additional sheet if necessary):

8. Have you ever been employed as a prosecutor, public defender, or law clerk to a judge or justice? If so, name of office or judge or justice? If so, name of office or judge, and dates of employment:

9. Do you have any other legal training or experience which would qualify you for membership in the panel?

10. Do you wish to be considered for placement on the panel for appointment to death penalty habeas cases? YES NO .

If so, please describe your experience and training in death penalty cases or issues:

11. How many felony appointments do you estimate you could handle in a month?

12. Do you plan on using the services of an associate attorney to assist you, if appointed? YES NO . If so, who: _____
13. Are you requesting that only certain kinds of cases be given to you? If so, please specify, with comments:
14. Are you willing to attend at least 10 hours of training in federal criminal defense issues per year? YES NO .
15. Have you been, or are you now, involved in any disciplinary matters?
YES NO .

DATE: _____ (Signature of Applicant)

NAME (type) _____
 STATE BAR NO. _____
 ADDRESS _____
 CITY/STATE _____
 ZIP CODE _____
 TELEPHONE NO. _____
 E-MAIL _____
 SOCIAL SECURITY NO. _____

Send completed application for processing to:

LAS VEGAS PANEL RENO PANEL
 Sharon_Hardin@nvd.uscourts.gov Heidi_Jordan@nvd.uscourts.gov