



APPLICATION FOR THE SACRAMENTO COUNTY CONFLICT CRIMINAL DEFENDER'S PANEL

Please complete the accompanying questionnaire, attach any relevant supporting documents and mail to:

Conflict Criminal Defender's
901 H Street, Suite 409
Sacramento, CA 95814

APPLICATION FOR THE SACRAMENTO COUNTY CONFLICT CRIMINAL DEFENDER'S PANEL

It is expected that all of the following requests and questions will be answered fully and honestly. Do not read questions narrowly. If you are uncertain of the information being sought, err on the side of disclosure. NOTE: A THOROUGH BACKGROUND CHECK WILL BE DONE ON ALL APPLICANTS.

LEVEL REQUESTED: *Mark the level below in which you are requesting to be considered for. (For any level other than level 1 - on a separate sheet of paper identify the last three (3) trials on which you're relying to establish eligibility by providing the following information: court, case number, JS date, primary charge, DDA and co-counsel.)*

Level 1 Level 2
Level 3 Level 4
Level 5 Level 6

Applicant's Name: (List any other names you have used and the dates of use)

Business/Government Title:

Firm/Office: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

IMPORTANT: All CCD Panel attorneys are required to maintain a business office in Sacramento County or pursuant to CCD Policies and Procedures provide written confirmation of a formal agreement securing suitable space for client meetings, and provide the office address or meeting space address, as well as, a business telephone, business fax and email address to CCD. An attorney may not use their home to meet with clients, witnesses or ancillary service providers unless the attorney maintains a separate business office with a separate entrance at the residence. Please attach written verification of your proposed CCD business address to this application.

Personal Information:

Residence Address: _____

Home Phone: _____

Date of Birth: _____

Place of Birth: _____

Driver's License Number _____

Social Security Number: _____

Date Admitted to California State Bar: _____

Bar Number: _____

Education History (Colleges/Law Schools Attended):

School Name: _____

Dates of Attendance: _____

Degree Received: _____

Date Degree Received: _____

School Name: _____

Dates of Attendance: _____

Degree Received: _____

Date Degree Received: _____

School Name: _____

Dates of Attendance: _____

Degree Received: _____

Date Degree Received: _____

Professional Work History:

Employer Name: _____

Position/Title: _____

Supervisor's Name: _____

Supervisor's Contact Number/Email Address: _____

Dates of Employment: _____

Employer Name: _____

Position/Title: _____

Supervisor's Name: _____

Supervisor's Contact Number/Email Address: _____

Dates of Employment: _____

Employer Name: _____

Position/Title: _____

Supervisor's Name: _____

Supervisor's Contact Number/Email Address: _____

Dates of Employment: _____

Employer Name: _____

Position/Title: _____

Supervisor's Name: _____

Supervisor's Contact Number/Email Address: _____

Dates of Employment: _____

List all courts in which you are presently admitted to practice, including the date of admission in each case. Provide the same information for administrative agencies having special admission requirements.

Describe with specificity the nature of your current practice. Including any areas of emphasis and specialization certified by the State Bar of California, and the nature of your typical clients. If your practice is substantially different now from in the past, give the details of your prior practice, including the time periods involved.

With respect to your career:

How many years of civil litigation experience do you have?

How many years of criminal practice experience do you have?

State the number of cases you have tried to a verdict or judgment in courts of record during your career, including whether you were sole, associate or lead counsel. How many of these cases were:

Civil _____

Criminal _____

Jury _____

Non-jury _____

With respect to the past five (5) years:

How frequently have you appeared in court (times per month on average)?

How frequently have you appeared at administrative hearing (times per month on average)?

What percentage of your practice involving litigation has been:

Civil _____

Criminal _____

Administrative hearings _____

What percentage of your practice was in:

Federal courts _____

State courts _____

Administrative agencies _____

Arbitration _____

If you lack the required trial experience, describe the experience of special skills you possess which you believe qualify you for the level being sought.

Have you ever been summoned, cited, arrested, or taken into custody, indicted or charged with, convicted or tried for, or plead guilty or no contest to, any felony or misdemeanor offense (excluding minor traffic infractions), or have you ever been requested to appear before any prosecuting attorney or investigative agency in any matter, military or civil? If so, provide the details, including the date, description of the alleged offense, locality and disposition.

As an attorney or judicial officer, have you ever been investigated, cited, or disciplined for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, bar association, disciplinary committee or other professional group? If so, provide the particulars, including the applicable dates and disposition. (Identify every complaint even if it was dismissed or did not result in disciplinary action)

As a member of any organization, or as a holder of any office or license (including a driver's license), have you ever been suspended, or otherwise disqualified, or had such license suspended or revoked? Have you ever been reprimanded, censured or otherwise disciplined? Have any charges, formal or informal, ever been made or filed against you? If so, state the complete facts, dates, disposition and organization in possession of the records thereof.

Have you ever been sued by a client? If so, provide the particulars, including the case name and number, court, resolution, and name, current address and telephone number of counsel for the plaintiff.

Have you or your professional liability insurance carrier ever settled a claim against you for professional malpractice? If so, provide the particulars, including the amounts involved and name, current address and telephone number of the claimant and claimant's counsel.

Have you ever been sanctioned in excess of \$1,000 by any court, or have you ever been cited for contempt of any court or tribunal having the power of contempt? If so, give the details, including dates and names, current addresses and telephone numbers of the judges involved and counsel for the adverse parties.

Are you able, with or without reasonable accommodation, to perform the duties of a criminal defense attorney at the level you seek?

Are you currently engaged in the use of illegal drugs?

At any time in the last ten (10) years have you sought or received treatment for alcohol or drug abuse or addiction?

Are you aware of any individual(s) or group(s) who may oppose your application, if so please identify the potential opponents and provide an explanation.

Attach a sample or samples of your legal writing (such as a portion or all of an appellate brief, memorandum or points and authorities, opinion letter, etc.). The sample(s) should not exceed a total of 25 pages.

Please list five (5) references (name, current address and telephone number):

Are there any other areas of your background that may be relevant in determining your qualifications to participate in the Conflict Criminal Defender's Panel? If so, please explain.

BY MY SIGNATURE ON PAGE 9, I ACKNOWLEDGE THAT I HAVE READ AND AGREED TO THE FOLLOWING:

There is no right to be accepted to the CCD Panel, even in minimum qualifications are met. An applicant for admission to the Panel may be denied admission to the Panel.

I have read and understand the Policies and Procedures of the Conflict Criminal Defender's.

I understand CCD attorneys are NOT employees of the County of Sacramento. Being on the Panel allows attorneys to be independent contractors, who agree to accept cases from CCD where the Office of the Public Defender of the Sacramento County is unable to provide representation.

I understand that case assignments are within the sole discretion of the Conflict Criminal Defenders. I understand and agree that if I am placed on the list of attorneys eligible to receive cases from CCD, CCD has no obligation to assign me a specific number of cases or any case(s). The level at which an attorney is classified defines the highest level at which an attorney may be assigned cases by the CCD. An attorney may also be assigned cases at a lower level or no cases.

I acknowledge that I understand the following:

It is critical to the evaluation process that judges, attorney and other individuals feel they may speak freely about the attorney's qualifications for admission to the CCD Panel. Therefore, it is strictly prohibited for an application to contact any individual that the applicant believes has given information about the applicant to CCD for the purpose of attempting to change the input of the person believed to have given the information. Harassment of any person providing information or who is believed by the applicant to have provided information is also strictly prohibited.

Any activity such as is described in the preceding subsection is grounds for denial for admission to the CCD Panel.

Applicants are welcome to cause information to be submitted by third parties on their behalf.

Any false statement on this application is grounds for denial of admission to the CCD Panel.

By submission of this document, attorney applicants agree that decisions of CCD shall be final and binding upon them. Admission to the CCD Panel is contingent upon review and approval by CCD and is within the sole discretion of Conflict Criminal Defenders.

Print Name: _____

Date: _____

Signature: _____

AUTHORIZATION AND RELEASE CONFLICT CRIMINAL DEFENDER'S PANEL

I hereby acknowledge and agree that my application for participation on the Conflict Criminal Defender's Panel may be given to or shared with individuals or entities that assist CCD in evaluating the qualifications of potential participants. I further acknowledge and agree that for the purpose of aiding CCD in evaluating my background and qualifications, CCD's designee(s) will be entitled to seek and obtain information and documents concerning me from prior employers, firms, law schools and other educational institutions, attorneys, judges and other third parties, including but not limited to those individuals set forth in my application.

I hereby authorize any person or entity to release to CCD or its designee(s) any and all information which such person or entity may have about me (whether public, personal or confidential) for the purpose of aiding CCD in evaluating my background and qualifications for participation on the Panel. I understand that I am not entitled to copies of any information received by these agencies, and under no circumstances will I be permitted to know the contents of any information which is deemed confidential by the submitting agencies or such person(s) or entities. In addition, I hereby authorize a photocopy, fax or other non-original transmission of this release to be as valid as the original.

I understand and agree that the information received by CCD is confidential. I further understand and agree that, excepting the final decision of the panel, I am not entitled to any information, written or otherwise, regarding any decisions made by the Conflict Criminal Defender's

I hereby release and discharge the County of Sacramento, Conflict Criminal Defender's together with all their agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing of such information, the investigation of my background and qualification, and this release shall be binding on my legal representatives, heirs and assignee's.

Print Name: _____

Phone Number: _____

Date: _____

Signature: _____

County of Sacramento

County of Sacramento
Payee Data Record
(REV Apr 2017)

PURPOSE OF FORM

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you for real estate transaction.

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the County of Sacramento must indicate their residency status along with their taxpayer identification number.

A nonresident payee can use Franchise Tax Board Form 587 to allocate California source payments and determine if withholding is required. This form must be certified and is valid for the duration of the contract provided there is no material change in the facts. By signing Form 587, the payee agrees to promptly notify the withholding agent of any changes in facts.

If appropriate, attach a completed Franchise Tax Board Form 587 to this form.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individual/sole proprietorship**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose an any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate, if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the Unites States, call.....1-800-852-5711
From outside the United States, call.....1-916-845-6500
For hearing impaired with TDD, call.....1-800-822-6268

EXEMPTIONS

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemption box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code on page 3 of IRS Form W-9 (Rev. 8-2013) for the codes.

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident payees, including corporations, individuals, partnerships, estates, and trusts, are subject to withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FRB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

State of California
Franchise Tax Board
Nonresident Withholding Section
Attention: State Agency Withholding Coordinator
P.O. Box 651 Sacramento, CA 95812-0651
Telephone: (916) 845-4900
FAX: (916) 845-4831

WEB SITE: www.ftb.ca.gov

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax board, attach a copy to this form.

ePAYABLE CONTRACT INFORMATION

The County offers electronic payments through ePayables. The benefits to your company include: saving time and money-reduces labor, hassle, expenses and risk associated with checks; enhancing cash flow-expedites the receipt of payments by eliminating mail and paper check float; requires no change to invoice procedures; and electronic payments are more secure and conserves the environment by eliminating printing and mailing paper checks. When you enroll in this payment option, we need a contact name, phone number and email address. It is best to provide a group email address, in case there is a change in your staff. This payment process allows electronic remittance advice to be sent to your group email address detailing invoices that are approved for payment along with dollar amount. If you are interested in participating in this program, please email to ePayables@saccounty.net and include: company name, contact person, email address and phone number.

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The County of Sacramento requires that all parties entering into business transactions that may lead to payment(s) from the County must provide their valid Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109(a). The TIN for an individual and a sole proprietorship is the Social Security Number (SSN). The Internal Revenue Service (IRS) considers a TIN as incorrect if either the name or the number shown on an account does not match a name and number combination in their files or the files of the Social Security Administration (SSA). Section 3406 of the Internal Revenue Code requires that we withhold 28% in tax, called backup withholding, if the correct Payee name/TIN combination is not provided.

It is mandatory to furnish the information required. Federal law requires that payments for which the requested information is not provided be subject to a 28% withholding and state law imposes noncompliance penalties of up to \$20,000.

700 H Street, Room 3650 • Sacramento, CA 95814 • Phone (916) 874-7411 • Fax (916) 874-6182 • email: W9@saccounty.net