

Capital Counsel Initial Certification Application

The Supreme Court of Virginia (SCV) and the Virginia Indigent Defense Commission (VIDC), in conjunction with the Virginia State Bar, have adopted standards for attorneys admitted to practice law in Virginia who are qualified to represent defendants charged with capital murder or sentenced to death. Attorneys who meet the standards must submit an application for consideration to be on the certified capital defense counsel list which is maintained by the VIDC and the Supreme Court of Virginia. VA Code §19.2-163.8.

The following information is required for consideration to be certified as defense counsel in capital cases:

1. Name: Mr. _____
 Mrs. _____
 Ms. _____
First Middle Last

2. Firm Name: _____
 PO Box: _____
 Street: _____
 City: _____ State: _____ Zip: _____

3. Office Phone Number: _____ 4. Office Fax Number: _____

5. Office Email Address: _____

6. Are you an active member of the Virginia State Bar in good standing? Yes No

7. Virginia State Bar ID number: _____

8. Year licensed to practice in Virginia: _____

9. Only check the circuit(s) in which you are willing to be considered for appointment: (See map on last page)

- 1 2 2a 3 4 5 6 7 8 9 10 11 12 13 14 15 16
17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 ALL

10. Check which you wish to be considered for appointment as:

- Capital Trial Lead Counsel Capital Trial Co-Counsel Capital Appellate Capital Habeas

11. **Mandatory Completion of Initial Capital Certification Training for ALL capital certifications:** The training must have been completed within two years of submitting this application.

Provide the date of completion and the number of hours attended:

<i>Date(s) of Completion</i>	<i># of Hours Attended</i>

I have been approved for a waiver of the Initial Capital Certification Training. Date: _____

***Qualified and experienced capital attorneys may be considered for a waiver of the mandatory initial certification training through the completion of an application for a waiver which can be found at: www.indigentdefense.virginia.gov**

Complete #12 if you are applying to be considered for certification as Capital Lead or Co-Counsel.

12. Describe with particularity the following information:

- a. List each capital and non-capital murder case in which you served as counsel over the previous ten years, including name of client, jurisdiction, judge, prosecuting attorney and co-counsel, if any (please use a separate sheet if you need more space):
- b. List all capital case relevant training you attended during the previous five years:

<i>Date(s) Attended</i>	<i># Hours Attended</i>	<i>Course-Seminar Title</i>	<i>Sponsoring Organization</i>

- c. State any other experience and/or employment bearing on your qualifications:

Complete #13 if you are applying to be considered for certification as Capital Appellate Counsel.

13. Describe with particularity the following information:

Information demonstrating that you are thoroughly familiar with the rules and procedures of appellate practice AND your experience as counsel in direct appeals of felony convictions:

Complete #14 if you are applying to be considered for certification as Capital Habeas Counsel.

14. Describe with particularity the following information:

- a. Information demonstrating that you are thoroughly familiar with the rules and procedures related to habeas proceedings:
- b. **Mandatory Completion of 6 hours of particularized training in capital habeas procedure and practice** (in addition to Initial Capital Certification Training).

Provide the date of attendance and the number of hours completed:

<i>Date(s) of Completion</i>	<i># of Hours Attended</i>

Complete #12 if you are applying to be considered for certification as Capital Lead or Co-Counsel.

12. Describe with particularity the following information:

- a. List each capital and non-capital murder case in which you served as counsel over the previous ten years, including name of client, jurisdiction, judge, prosecuting attorney and co-counsel, if any (please use a separate sheet if you need more space):
- b. List all capital case relevant training you attended during the previous five years:

<i>Date(s) Attended</i>	<i># Hours Attended</i>	<i>Course-Seminar Title</i>	<i>Sponsoring Organization</i>

- c. State any other experience and/or employment bearing on your qualifications:

Complete #13 if you are applying to be considered for certification as Capital Appellate Counsel.

13. Describe with particularity the following information:

Attach information demonstrating that you are thoroughly familiar with the rules and procedures of appellate practice AND your experience as counsel in direct appeals of felony convictions.

Complete #14 if you are applying to be considered for certification as Capital Habeas Counsel.

14. Describe with particularity the following information:

- a. Attach information demonstrating that you are thoroughly familiar with the rules and procedures related to habeas proceedings.
- b. **Mandatory Completion of 6 hours of particularized training in capital habeas procedure and practice** (in addition to Initial Capital Certification Training).

Provide the date of attendance and the number of hours completed:

<i>Date(s) of Completion</i>	<i># of Hours Attended</i>

NOTICE:

To maintain eligibility for capital certification, an attorney shall re-certify two years after being initially certified by completing ten hours of training in capital litigation approved by the VIDC. Attendance at the Annual Capital Defense Workshop sponsored by the Virginia Bar Association will fulfill this requirement.

REMOVAL: An attorney whose application is approved will be included in the capital appointment list for a period of four years, after which time the attorney's name will be removed from the list. An attorney will not be placed back on the list unless a new initial certification application is submitted and approved. The expiration of an attorney's certification will not affect the attorney's prior appointment in any pending case.

CERTIFICATE:

I hereby certify that the answers provided to the above questions are true and complete. The VIDC may request further information to verify that I have met the qualification requirements. Failure to comply may result in my denial or removal from the certified counsel list.

Initials: _____

I understand that if I provide any information that is dishonest, fraudulent or a misrepresentation, I will be reported to the Virginia State Bar for a misconduct inquiry under Rule 8.4 of Virginia Rules of Professional Conduct, removed from the certified counsel list, and the courts will be notified of the removal.

Initials: _____

Signature: _____ Date: _____

Return completed application to:
Attorney Certification
Virginia Indigent Defense Commission
1604 Santa Rosa Road, Suite 200
Richmond, Virginia 23229
Phone: (804) 662-7249, ext. 139
Fax: (804) 662-7452

Map Showing Virginia Circuits and Districts

