

COURT APPOINTED ATTORNEY APPLICATION - DEPENDENCY

Instructions: This application must be filled out in its entirety if you wish to be considered for appointment as a Court Appointed Attorney for the Seventeenth Judicial Circuit. Please print legibly or type. A copy of your Florida Bar Card and supporting documentation must also be included with the original and copy of the application.

You must return the original with one (1) copy and supporting documentation in one (1) envelope addressed to:

Chief Judge Jack Tuter
c/o Trial Court Administrator's Office of General Counsel
Broward County Courthouse
201 S.E. Sixth Street, Suite 20170
Fort Lauderdale, Florida 33301

NAME: _____ FLORIDA BAR NO. _____

Principle Business Address: _____

Business Address (in Broward County, Florida to meet with clients if not Principle Business Address):

Business Phone: _____ (must be a Broward County area code or 800 number)

Business Fax: _____ Cell Phone: _____

E-MAIL ADDRESS: _____
(An email address is required)

Please check all the following mandatory qualifications that apply:

- ☐ I am a member in good standing with the Florida Bar.
- ☐ I have familiarized myself with the Administrative Order(s) relating to the Court Appointed Attorneys in the Seventeenth Judicial Circuit located on the website, www.17th.flcourts.org.
- ☐ I have completed the required CLE. You must attach proof of completion of your CLE courses printout from The Florida Bar.
- ☐ I have met the Seventeenth Circuit's requirement on Family or Dependency practice percentage.
- ☐ I am familiar with and experienced in the utilization of expert witnesses and evidence, including but not limited to psychiatric and forensic evidence.
- ☐ I have reviewed and understand the agreement for attorney services documents on the JAC website at www.JusticeAdmin.org and agree to comply with the JAC's requirements for billing.

- ☐ I have reviewed and understand the fee structure for Court Appointed Attorneys as set forth in § 27.5304, Fla. Stat.
- ☐ I will not solicit compensation from the parent or family member or other clients on cases for which I serve as Court Appointed Counsel.
- ☐ I will notify the Chief Judge of any formal complaint filed by The Florida Bar against me and any non-confidential consent agreements entered into between me and The Florida Bar.

DEPENDENCY DIVISION CASES:

Please check all case types for which you are seeking appointment.

- ☐ Dependency (CINS/FINS – Ch. 984, F.S./ Emancipation)
- ☐ Dependency Appeals (includes TPR and Judicial Waiver)
- ☐ Parental Notification of Abortion Act
- ☐ Termination of Parental Rights (Ch. 39, F.S. and Ch. 63, F.S.)

Please list your **TRIAL** experience as follows for qualification for **DEPENDENCY** appointments: Example: In Re: J.R. (Please do not indicate the name of the minor)

	Style of Case Case Number Circuit	Period of Representation	Dependency (D) Shelter (S) Termination of Parental Rights (TPR)	Number of Hours
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

	Style of Case Case Number Circuit	Period of Representation	Dependency (D) Shelter (S) Termination of Parental Rights (TPR)	Number of Hours
10.				
11.				
12.				
13.				
14.				
15.				

Please list your **TRIAL** experience as follows for qualification for **TERMINATION OF PARENTAL RIGHTS (TPR)** appointments:

Example: In Re: J.R. (Please do not indicate the name of the minor)

	Style of Case Case Number Circuit	Trial Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Please list your **TRIAL** experience as follows for qualification for **PARENTAL NOTIFICATION WAIVER appointments**:

Example: In Re: J.R. (Please do not indicate the name of the minor)

	Style of Case Case Number Circuit	Civil (C) Criminal (CR) Dependency (D) Termination of Parental Rights (TPR)	Jury (J) Non Jury (NJ)
1.			
2.			
3.			
4.			
5.			

Please list your **APPELLATE** experience for **DEPENDENCY, CINS/FINS, EMANCIPATION, AND TPR**

Example: In Re: J.R. (Please do not indicate the name of the minor)

	Style Case Number Circuit	Contested Dependency (CD) Contested Termination of Parental Rights (CTPR)	Appellate Counsel for Parent	DCA Case Number
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list your **APPELLATE** experience for **PARENTAL NOTIFICATION WAIVER**
Example: In Re: J.R. (Please do not indicate the name of the minor)

	Style Appellate Case Number	Brief Description of the Constitutional Issue on Appeal
1.		
2.		
3.		
4.		
5.		

I certify that the information contained herein is true and correct, I meet any minimum requirements established by general law, and I am available to represent indigent individuals, and will comply with any and all terms or contract for services with the Justice Administrative Commission.

Signature

Date Signed