

**SPECIAL DEATH PENALTY HABEAS CORPUS PANEL APPLICATION**

Name:			
-------	--	--	--

Last

First

Middle Initial

Office Address, including name of firm:

--

Mailing address, if different from above:

--

Office Telephone:	
Facsimile:	

Cellular Phone:	Email:
-----------------	--------

Social Security Number:
-------------------------

*Legal Education:*

Law School	Degree	Date Degree Conferred

Bar Admissions - All Courts before which you are currently admitted to practice, indicating jurisdiction and date of admission:

	Date
State Supreme Courts	
United States District Courts	
United States Courts of Appeal	
United States Supreme Court	

Are you currently admitted to practice before the United States Supreme Court?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when were you admitted?
------------------------------	-----------------------------	--------------------------------

*Legal Experience:*

Please describe your current practice. Include dates of practice and the names of attorneys with whom you practice currently.

Please describe your past legal practice, if different from the preceding paragraph. Include dates and colleague information.

Do you consider yourself:

<input type="checkbox"/>	Primarily a trial lawyer
<input type="checkbox"/>	Primarily an appellate lawyer
<input type="checkbox"/>	Equally involved in both areas

*Capital Litigation Experience:*

List the number of cases in which you have been involved and the capacity in which you acted:

	Lead Counsel	Second Chair	Consult
State District Court			
State Appellate Court			
State P.C. Dist. Ct.			
State P.C. Appeal			
Federal Habeas Dist. Ct.			
Federal Habeas Appeal			

*Non-Capital Criminal Law Experience:*

List the number of non-capital criminal cases in which you have been involved and the capacity in which you acted:

	Lead Counsel	Second Chair	Consult
State District Court			
State Appellate Court			
State P.C. Dist. Ct.			
State P.C. Appeal			

	Lead Counsel	Second Chair	Consult
Federal Habeas Dist. Ct.			
Federal Habeas Appeal			

*Appellate Experience:*

Number of oral arguments presented to:

State Supreme Court	
State Criminal Appellate Court	
Circuit Court of Appeals	
United States Supreme Court	

If you have argued cases which resulted in published opinions, please provide citation or case number, if unpublished.

--

Number of Petitions for Writ of Certiorari to United States Supreme Court you have prepared	
---	--

*Civil Litigation Experience:*

List the number of general civil cases in which you have been involved and the capacity in which you acted:

	Lead Counsel	Second Chair
State District Court		
State Appellate Court		
Federal District Court		
Federal Appellate Court		

Please list the names of the United States District Judges and United States Magistrate Judges before whom you have practiced, and the district in which you practiced.

Judge or Magistrate	District

	Yes	No
If you are chosen as a Panel member, are you willing to volunteer to become involved in state capital post conviction proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
If you are chosen as a Panel member, are you willing to allow an attorney seeking Panel membership to observe and to participate in your case as a training experience?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Do you understand that the creation of a Special Death Penalty Habeas Corpus Panel does not deprive the court of the authority to appoint an attorney who is not on the Panel?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that appointment to the Panel does not confer a vested interest in Panel membership and that Panel members may be removed without cause?	<input type="checkbox"/>	<input type="checkbox"/>
Has a final adjudication or any other finding been made by any Bar Association, Ethics Committee, Court or other judicial or quasi-judicial body concerning your conduct, fitness to practice law or any other disciplinary matter regarding you?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is “yes”, please attach a copy of the finding, if available or a complete explanation to this form.

Please provide a recent writing sample of a publicly filed legal document.

The answers and information provided in this form are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return promptly by conventional mail, fax, or email to:

Susan M. Otto  
Federal Public Defender  
Suite 109 Old Post Office Bldg.  
215 Dean A. McGee Avenue  
Oklahoma City, Oklahoma 73102  
[Susan\\_Otto@fd.org](mailto:Susan_Otto@fd.org)  
405-609-5932 (fax)

