UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF TEXAS

Death Penalty Panel Attorney Questionnaire

Name:			
((Last)	(First)	(Middle)
Office Address:			
	(Firm Name)		
	(Street Address)		(Suite Number)
	(City)	(State)	(Zip Code)
	(Office Telephone)		(Office Fax)
	(E-Mail Address)		
State Bar No.:		Date Admitted to Texas Bar:	
Date admitted to	the Northern District	t of Texas:	
Data a duritta dita	the Count of America	for the Fifth Circuit:	
court and the da	tes you were admitted		
	(Name of School)		(Graduation Date)
Professional Aff	iliations:		
Texas Criminal Lawyers Associa		National Association of Criminal Defense Lawyers _	
Local Bar Assoc	ciation	Other:	
Are you board c	ertified in criminal la	w:	
If yes, date of ce	ertification or re-certif	ication:	

	Fifth Circuit in felony cases?					
	Do you have at least three years experience in the actual trial of felony prosecutions in Tex state court? Yes No					
	Please estimate your criminal trial and appellate experience in the following areas:					
	Number of Jury Trials:	State Court:	Federal Court:			
	Number of Bench Trials:	State Court:	Federal Court:			
	Number of Appeals:	State Court:	Federal Court:			
	Number of Habeas Corpus and Other Proceedings for					
	Post-Conviction Relief:	State Court:	Federal Court:			
	Please indicate your experience in handling death penalty cases:					
	Number of Death Penalty Tri	ials: State Court:	Federal Court:			
	Number of Death Penalty Ap	peals: State Court:	Federal Court:			
	Number of Habeas Corpus and Other Post-Conviction					
	Death Penalty Proceedings:	State Court:	Federal Court:			
			volving death penalty trials, appeal name of each program and dates			
	If not, please state whether y	ou would benefit from atte	nding such a program:			
	Describe any other backgrour represent a petitioner in a dea		ience that would enable you to prop			

I understand that if selected for the panel, I must accept a minimum of one appointment per year and complete at least one seminar or training program each year involving death penalty trials, appeals, or post conviction proceedings.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.						
	_					
Signature	Date					

Please attach each of the following to this application form:

- 1. A cover letter that describes why you are interested in serving on the Death Penalty Habeas Corpus Panel.
- 2. A writing sample that accurately reflects your writing and research skills.
- 3. A letter of endorsement from a sponsoring attorney who is admitted to practice in the Northern District of Texas.

Return the original and five copies of this questionnaire and attachments to:

United States District Court Office of the Clerk 1100 Commerce Street, Room 1452 Dallas, Texas 75242 ATTN: Tammy Shipley

Supplement - Death Penalty Panel Attorney Questionnaire

your ability to properly represent a petitioner in a death penalty habeas case.

Name:

Telephone Number:

Return this form along with a writing sample that accurately reflects your writing and research skills to:

United States District Court
Office of the Clerk
1100 Commerce Street, Room 1452
Dallas, Texas 75242
ATTN: Tammy Shipley

Printed Name

Please list the names and phone numbers of four judges and/or attorneys who can adequately speak to