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 Taxas	
court and the dat	tes you were admitted	ner federal district or appeals co I to practice:	-
Law School: _			
(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 co	ertified in criminal lav	w:	
If yes, date of ce	ertification or re-certif	ication:	

6.	Do you have at least three years experience in the actual trial of felony prosecutions in the Northern District of Texas? Yes No				
7.	Do you have at least three years experience in handling appeals in the Court of Appeals for the Fifth Circuit in felony cases? Yes No				
8.	Do you have at least three years experience in the actual trial of felony prosecutions in Texas state court? Yes No				
9.	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:		
10.	Please indicate your experience in handling death penalty cases:				
	Number of Death Penalty Tr	rials: State Court:	Federal Court:		
	Number of Death Penalty A	ppeals: State Court:	Federal Court:		
	Number of Habeas Corpus and Other Post-Conviction Death Penalty Proceedings:	State Court:	Federal Court:		
11.			volving death penalty trials, appeals or name of each program and dates of		
	If not, please state whether you would benefit from attending such a program:				
12.	Describe any other background, knowledge and/or experience that would enable you to properly represent a petitioner in a death penalty habeas case:				

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.

THEREBY CERTIFY THAT THE	ABOVE INFORMATION IS TRUE AND COR	RECT.
Signature	Date	

Please attach each of the following to this application form:

- A cover letter that describes why you are interested in serving on the Death Penalty Habeas 1. 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

Supplement - Death Penalty Panel Attorney Questionnaire

Please list the names and phone numbers of four judges and/or attorneys who can adequately speak to your ability to properly represent a petitioner in a death penalty habeas case.

Name:	Telephone Number:
Return this form along with a writing sample to:	that accurately reflects your writing and research skills
United States District Court Office of the Clerk 1100 Commerce Street, Room 1452 Dallas, Texas 75242 ATTN: Tammy Shipley	
	Signature
	Printed Name