

WISCONSIN OFFICE OF THE STATE PUBLIC DEFENDER

Protecting Justice for All

Class A Felony Certification Application

Name:

WI State Bar ID:

An attorney may be certified for appointment in a Class A Felony case, [Wis. Admin. Code Ch. PD 1.04\(3\)\(d\)](#), if the attorney satisfies all of the following criteria:

1. The attorney maintained a significant portion of his or her practice in criminal law in the five years immediately preceding the application for certification.

I request certification based on the following criteria (check all that apply):

100% of my full-time practice within the two years immediately preceding this request has been in criminal litigation; or

20% of my full-time practice within the five years immediately preceding this request has been in criminal litigation; or

I regularly take public defender cases, am certified in a county of less than 50,000 population, and 30% of my full-time practice within the five years immediately preceding this request has been spent in Civil or Criminal litigation. (Approval requires recommendation of the OSPD Attorney Manager for the region.)

2. The attorney has been sole or lead Trial counsel in a least two class A to D Felony cases tried to a Jury to final resolution within the five years immediately preceding this request.

I am submitting an attachment containing the case name (caption), date(s) of Trial, file number, county and state of venue, names of judge, prosecutor and co-counsel, and a short description of primary issues in each case.

3. The attorney submitted to a peer review, including reference checks with other criminal defense attorneys, prosecutors, judges and public defender staff.

I am submitting an attachment containing the names and contact information for four (4) attorneys who are not currently private practice partners or associates, who are substantially involved in the field of criminal Trial practice and who are familiar with my performance; and one judge before whom I have practiced criminal litigation within the two years immediately preceding this request.

I understand that OSPD may contact these persons and others for information concerning my fitness for class A Felony certification.

4. The attorney submitted a writing sample, consisting of a court memorandum or brief concerning criminal law issues, that was written within the two years immediately preceding the application for certification which was reviewed and approved by OSPD.

I am attaching a copy of the required court memorandum of brief for review and approval.

I understand that Parts 3 and 4 of this certification application involve subjective assessments that will depend in part upon the recommendations of the OSPD Attorney Manager for the appropriate region and the approval of the Assigned Counsel Division Director.

I have reviewed the certification rules in [Wis. Admin Code PD 1](#). I certify that all information submitted in support of my certification list is true and correct. I understand that any material misrepresentation may result in denial of my certification list request or decertification

Signature:

Date:

Return this form with any required attachments and your **General Certification Application form** (if not currently SPD certified) to:

Assigned Counsel Division
Wisconsin State Public Defender
P.O. Box 7923
Madison, WI 53707-7923
Main: (608) 261-0632
Email: acd@opd.wi.gov

Please refer to the Assigned Counsel Division's [website](#) for more information, additional certification applications and forms.