

WISCONSIN STATE PUBLIC DEFENDER

Protecting Justice For All

Appellate - Litigation Experience and Training Requirements

Complete only the portions relevant to your application.

Name:	SBID:
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Briefs in chief filed. Please submit a copy or copies of the briefs with your application.

Client Name	Appellate Court Case No.	Case Type

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Please list the contested circuit court hearings completed, including one evidentiary hearing.

Client Name	Circuit Court Case No.	Hearing Date

Client Name	Circuit Court Case No.	Hearing Date

Client Name	Circuit Court Case No.	Hearing Date

If not an SPD appointed case, please list the TPR case completed.

Client Name	Circuit Court Case No.	Date Completed

If not SPD appointed cases, please list the juvenile cases completed. Trial or appellate

Client Name	Court Case No.	Date Completed

Client Name	Court Case No.	Date Completed

Client Name	Court Case No.	Date Completed

Client Name	Court Case No.	Date Completed

Client Name	Court Case No.	Date Completed

If not SPD appointed cases, please list the Ch. 51/55 cases completed. Trial or appellate.

Client Name	Circuit Court Case No.	Date Completed

Client Name	Circuit Court Case No.	Date Completed

Client Name	Circuit Court Case No.	Date Completed

Client Name	Circuit Court Case No.	Date Completed

Client Name	Circuit Court Case No.	Date Completed

If not SPD appointed cases, please list the contested Ch. 980 case completed. Trial or appellate.

Client Name	Court Case No.	Date Completed

Training Requirements

- 3 credits of approved legal education pertaining to appellate procedure completed on _____
- 6 credits of approved legal education pertaining to criminal law completed on _____
- 4 credits of approved legal education pertaining to Ch. 48 completed on _____
- 4 credits of approved legal education pertaining to TPR cases completed on _____
- 4 credits of approved legal education pertaining to chs. 51 and 55 Stats. completed on _____
- 4 credits of approved legal education pertaining to Ch. 980 completed on _____

I have reviewed the certification rules. I certify that all information submitted in support of my certification request is true and correct. I understand that any material misrepresentation may result in decertification.

Name Date

Return this form with any required attachments and your general certification application form to:

Kim Salas
Wisconsin State Public Defender
PO Box 7923
Madison, WI 53703-7923