

# WISCONSIN OFFICE OF THE STATE PUBLIC DEFENDER

*Protecting Justice for All*

## Trial Litigation Experience and Training Requirements

*Complete only the portions relevant to your application.*

Name:	WI State Bar ID:
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**Completed Jury Trials in the last five years.** A completed Jury Trial is one that goes to verdict or is ruled a hung jury.

Client Name	Circuit Court Case No.	County	Date
Client Name	Circuit Court Case No.	County	Date
Client Name	Circuit Court Case No.	County	Date
Client Name	Circuit Court Case No.	County	Date

*If the court records are not in CCAP, please submit a copy of the court minute sheet or other documentation indicating the completion of the trial.*

**Completed Trials to the Court.**

Client Name	Circuit Court Case No.	County	Date
Client Name	Circuit Court Case No.	County	Date
Client Name	Circuit Court Case No.	County	Date
Client Name	Circuit Court Case No.	County	Date

*If the court records are not in CCAP, please submit a copy of the court minute sheet or other documentation indicating the completion of the trial.*

**Completed Testimonial Hearings.**

Client Name	Circuit Court Case No.	County	Date
Client Name	Circuit Court Case No.	County	Date
Client Name	Circuit Court Case No.	County	Date
Client Name	Circuit Court Case No.	County	Date

*If the court records are not in CCAP, please submit a copy of the court minute sheet or other documentation of the testimonial hearing.*

## OSPD Trial Litigation Experience and Training Requirements

### Training Requirements

Four (4) credits of approved legal education pertaining to Ch. 48 completed on: \_\_\_\_\_

Four (4) credits of approved legal education pertaining to TPR cases completed on: \_\_\_\_\_

Two (2) credits of approved legal education pertaining to revocations completed on: \_\_\_\_\_

Two (2) credits of approved legal education pertaining to Ch. 51 and Ch. 55 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Return this form with any required attachments and your **General Certification Application** form to:

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

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

9/1/2019