

WISCONSIN OFFICE OF THE STATE PUBLIC DEFENDER

Protecting Justice for All

General Certification Application

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|--------------------------|------------------------|
| Name: | SSN: |
| Firm Name: | WI State Bar ID: |
| Office Address: | Home Address: |
| Office City, State, Zip: | Home City, State, Zip: |
| Office County: | Home County: |
| Office Phone: | Work Cell Phone: |
| E-mail: | Secondary E-mail: |

Have you ever been provisionally admitted to the practice of law in this or any other state?

No

Yes Please submit copies of the order for provisional certification and an explanation.

Have you ever been the subject of public or private discipline by any lawyer discipline agency?

No

Yes Please submit copies of all orders imposing discipline and an explanation.

Have you ever surrendered your law license, consented to a suspension of your license, or been in an inactive status since first being licensed? If yes, please provide an explanation.

No

Yes

Have you ever been convicted of a criminal offense in this or any other state? If yes, please provide an explanation.

No

Yes

Have you ever been the subject of a claim of ineffective assistance of counsel? If yes, please provide an explanation:

No

Yes

If you (or your firm) are employed or retained by any municipal, county, state, or federal government, please specify the governmental unit and describe the work you perform for them.

If you have been an attorney employee of a public defender agency or organization, please provide your dates of service and contact information for a supervising attorney.

OSPD General Certification Application

If you have been an attorney employee of a corporation counsel's office, district attorney's office, state's attorney's office, Attorney General's office, or U.S. Attorney's office, please provide your dates of service, and contact information for a supervising attorney.

Please attach a description of any courses, seminars, clerkships or other experience that you believe are relevant to your application for certification.

Certification and billing rules are posted on our website at www.wispd.gov.

Please review the certification rules in [Wis. Admin. Code Ch. PD 1](#) before submitting an application. You must apply for certification, be licensed to practice law in Wisconsin, and meet the residency requirement to be considered for certification. Applications are not guaranteed approval. All certification decisions are at the discretion of the State Public Defender.

Certification request and acknowledgements:

I am requesting certification to take case appointments. I am regularly engaged in the practice of law and am offering to work as an independent contractor.

I acknowledge that acceptance of a case appointment constitutes an agreement between myself and the Office of the State Public Defender (OSPD). Subject to the published billing policies and procedures, the OSPD promises to pay my reasonable hours of professional legal services in exchange for my promise to ethically and competently represent the client in the appointed case. I agree to promptly reimburse OSPD approved experts and investigators upon receipt of payment from the OSPD.

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 denial of my application or decertification.

I understand that I have a continuing duty to disclose any material change in the answers provided in this application.

I understand that continued certification requires compliance with the continuing legal education requirements of [Wis. Admin. Code Ch. PD 1.035 \(4\)](#) and the Minimum Attorney Performance Standards adopted by the OSPD and posted at www.wispd.gov.

Signature:

Date:

Please return this application with a cover letter on your office letterhead, a copy of your **current resume**, your **Certification Application(s)** and all required documentation 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