

WISCONSIN OFFICE OF THE STATE PUBLIC DEFENDER

Protecting Justice for All

Misdemeanor, Paternity, Ch. 51/55 Civil Commitment, Children in Need of Protection or Services (CHIPS), Juvenile Delinquency (Misdemeanor) and Revocation (Misdemeanor)

Certification Application

Name:

WI State Bar ID:

I request certification for the following case types (check all that apply):

Trial 1 Misdemeanors & Paternities:

No other requirements. [Wis. Admin. Code PD 1.04 \(1\) and \(2\)](#)

Trial Special 1 Civil Commitments/Guardianships/Protective Placements:

The attorney has completed two credits of Wisconsin Office of the State Public Defender (OSPD) approved legal education pertaining to Wis. Stats. Ch. 51 or 55, or has agreed in writing to complete two credits of OSPD approved legal education pertaining to Wis. Stats. Ch. 51 or 55, during the first year of his/her provisional certification. [Wis. Admin. Code PD 1.04 \(11\)](#).

Attach a separate sheet identifying the credits of approved training completed or sign below:

I agree to complete two credits of Wisconsin Office of the State Public Defender approved legal education pertaining to Wis. Stats. Ch. 51 or 55 during the first year of my provisional certification.

Signature:

Date:

Trial Special 2 Ch. 48 CHIPS and Ch. 938 Juvenile Delinquency (misdemeanors):

The attorney has either completed four credits of OSPD approved legal education pertaining to Wis. Stats. Ch. 48 or 938 cases, or has agreed in writing to complete four credits of OSPD approved legal education pertaining to Wis. Stats. Ch. 48 or 938 cases during the first year of his/her provisional certification. [Wis. Admin. Code PD 1.04 \(7\)](#).

Attach a separate sheet identifying the credits of approved training completed or sign below:

I agree to complete four credits of Wisconsin Office of the State Public Defender approved legal education pertaining to Wis. Stats. Ch. 48 or 938 during the first year of my provisional certification.

Signature:

Date:

Trial Special 4A Revocation of Probation, Parole, or Extended Supervision (misdemeanors):

The attorney has completed two credits of OSPD approved legal education pertaining to revocation, or has agreed in writing to complete two credits of OSPD approved legal education pertaining to revocation during the first year of his or her provisional certification. [Wis. Admin. Code PD 1.04 \(12\)\(a\)](#).

Attach a separate sheet identifying the credits of approved training completed or sign below.

I agree to complete two credits of Wisconsin Office of the State Public Defender approved legal education pertaining to Revocations during the first year of my provisional certification.

Signature:

Date:

OSPD Misdemeanor Certification Application

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

Signature:

Date:

Please return this application with the **General Certification Application** (if not currently SPD certified), a copy of your most current resume, and all other 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

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