Chapter PD 1 APPENDIX E

WISCONSIN 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 List Request**

Name:		SBID:								
I request ce	I request certification for the following case types (check all that apply):									
□ Trial 1 –	— Misdemeanors & Paternities: No other requirements. Wis. Admin. Code s. PD 1.04 (1) and (2)									
□ Trial Sp	pertaining to ch. 51 or 55, Stats., or has agreed i	tate public defender approved legal education in writing to complete two credits of state public ch. 51 or 55, Stats., during the first year of his or e s. PD 1.04 (11).								
	I agree to complete four credits of state public defender approved legal education pertaining to ch. 51 or 55, Stats., during the first year of my provisional certification.									
	Signature	Date								
□ Trial Special 2 — Chapter 48 CHIPS and ch. 938 juvenile delinquency (misdemeanors): The attorney has either completed four credits of state public defender approved legal education pertaining to ch. 48 or 938, Stats., cases, or has agreed in writing to complete four credits of state public defender approved legal education pertaining to ch. 48 or 938, Stats., cases during the fit year of his or her provisional certification. Wis. Admin. Code s. 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 state public defender approved legal education pertaini to ch. 48 or 938, Stats., during the first year of my provisional certification.									
	Signature	Date								

The attorney has completed two credits of state public defender approved legal education pertaining to revocation, or has agreed in writing to complete two credits of state public defender approved legal education pertaining to revocation during the first year of his or her provisional certification. Wis. Admin. Code s. PD 1.04 (12) (a).				
Attach a separate sheet identifying the credits of	approved training completed or sign below.			
I agree to complete four credits of state public defender approved legal education pertaining to revocation during the first year of my provisional certification.				
Signature	Date			

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	 		

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 (608) 267–1771

2/7/2010