Chapter PD 1

APPENDIX C

## WISCONSIN STATE PUBLIC DEFENDER Protecting Justice For All

Appellate Certification List Request Wis. Admin. Code s. PD 1.04 (13)

Name:		SBID:
I request ce	rtification for the following case types (check all	that apply):
□ Appellat	brief—in—chief that was filed in any appellate of immediately preceding the application for certificate public defender approved legal education per state	is either submitting for review and approval a court in the United States within the five years cation; or the attorney has completed 3 credits of ertaining to appellate procedure, or its equivalent, am or judicial clerkship within the three years
□ Appellat	years immediately preceding the application for review and approval by the state public defend hearings, including one evidentiary hearing, wa application for certification; and either satisfie	at complied with s. 809.30, Stats., within the five r certification and is submitting one of them for der; has conducted three contested circuit court within the five years immediately preceding the s the Appellate 1 criteria or has completed six education pertaining to criminal law within one
☐ Appellate	year immediately preceding the application for	ning to termination of parental rights within one certification or has been sole trial or appellate on of parental rights case in the three years
□ Appellate	immediately preceding the application for certif	1 criteria and has either completed four credits of ertaining to ch. 48 or 938, Stats., within one year ication or has been sole trial or appellate counsel 938, Stats., within the three years immediately
☐ Appellate	within the year immediately preceding the appl	Appellate 1 criteria and has either completed four education pertaining to chs. 51 and 55, Stats., ication for certification or has been sole trial or s. 51 and 55, Stats., in the three years immediately
□ Appellate	immediately preceding the application for certif	ate 1 criteria and has either completed four credits on pertaining to ch. 980, Stats., within the year ication or has been sole trial or appellate counsel ler ch. 980, Stats., in the three years immediately

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WISCONSIN ADMINISTRATIVE CODE

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Provide copies of the briefs relied upon to satisfy the certification requirement(s).

Provide documentation to verify your participation in the trials and hearings that satisfy the certification requirement(s) applicable to your request. Case names, numbers, and jurisdictions are necessary for verification. If the trials or hearings are from outside Wisconsin, you must provide copies of court documents.

Identify the approved legal education that satisfies the certification requirement(s).

I have reviewed the certification rules in Wis. Admin. Code ch. 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		

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