## 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	rtification for the following case types (check	all that apply):				
□ Trial 1 -	- Misdemeanors & Paternities:  No other requirements. Wis. Admin. Code s. P.	D 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 Sp	pertaining to ch. 48 or 938, Stats., cases, or has a	f state public defender approved legal education agreed in writing to complete four credits of state hing to ch. 48 or 938, Stats., cases during the first				
	Attach a separate sheet identifying the credits o	f approved training completed or sign below.				
	I agree to complete four credits of state public to ch. 48 or 938, Stats., during the first year o	c defender approved legal education pertaining f my provisional certification.				
	Signature	Date				

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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 approvision during the first year of my provisional certification	
Signature	Date

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	 	 	 _
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