



Guardianship Application 2019 Fifteenth Judicial Circuit Court Appointed Attorney Registry

INSTRUCTIONS

Dear Attorney:

Thank you for your interest in applying for the Fifteenth Judicial Circuit Court Appointed Attorney Registry. Please be aware that there are three phases to the application process:

- Review and approval of the application by the Chief Judge or his designee(s)
- Entering into a contract with the Justice Administrative Commission; and
- Being placed on the court appointed wheel which is maintained and administered by the Palm Beach County Clerk and Comptroller's Office.

Due to the administrative time used in the management of the court appointed wheel, applications will only be received from May 1-May 15. Changes to categories must be done during the application period. If removed from a wheel during the year, the attorney will NOT be able to seek reinstatement until the next application period. Please read all information below.

A. APPLICATION INFORMATION

1. Attorneys seeking court appointed cases in the Fifteenth Judicial Circuit shall submit a completed application and submit any other information requested by Court Administration.

a. **NEW ATTORNEYS:** New attorneys must complete the information sheet for each wheel on which the attorney seeks to be placed. The information sheet sets forth the minimum requirements. At the Chief Judge's discretion, a limit may be placed on the number of attorneys approved for each wheel.

b. **RENEWING ATTORNEYS:**

- If you wish to remain on the wheels for which you are currently approved and are not adding any new wheels - use the Short Renewal Form. At the Chief Judge's discretion, a limit may be placed on the number of attorneys approved for each wheel. Having been approved for a 2018-2019 wheel does not guarantee approval for a 2019-2020 wheel.
- If you wish to remain on current wheels and add new wheels, complete both the Short Form (for the renewing wheels) and the applicable information sheets in the regular application (for the new wheels). The information sheet sets forth the minimum requirements.
- Renewals do NOT have to resubmit supporting case information for categories in which they are currently approved. **Renewals ONLY have to submit a copy of the Florida Bar print-out showing completed CLE Courses.**

- Due to the large number of attorneys on the various wheels, and the limited administrative support, do NOT contact Court Administration or the Clerk's Office to inquire as to the wheels for which you currently are approved. Check the correspondence from Court Administration (sent last year) approving the categories.
- 2. All applicants must attach a copy of the Florida Bar print-out showing completed CLE courses and documentation proving the required trials (such as print-outs from the clerk's office, judgments, commitments, etc.) It is the responsibility of the attorney to provide documentation to keep his/her application current. **Failure to attach the required information will make the application ineligible for consideration.**
- 3. All Attorneys must also complete the Attorney Certification Form - **including renewals.**
- 4. By submitting an application, the attorney certifies that he/she has read and is familiar with the Policies and Procedures for Appointment of Counsel found in Administrative Orders 2.603 and 2.604 which can be found on the Circuit's website at www.15thcircuit.com as well as Florida Statutes §§ 27.40, 27.425, 27.5304, and 27.5305.
- 5. Processing of the application may take up to 8 weeks.
 - a. The application is reviewed and approved by the Chief Judge or designee(s). At the Chief Judge's discretion, a committee may be formed to review the applications.
 - b. Once the application is reviewed and approved by the Chief Judge or designee, the attorney will receive a letter from Court Administration which will either list the case types and locations approved or will list the deficiencies which must be remedied in order for the application review process to continue. Failure to remedy the deficiencies will result in the application being rejected.
 - c. Once approved, the attorney must sign a contract with the Justice Administrative Commission ("JAC").
 - d. After Court Administration has received confirmation that the JAC contract has been signed, court administration will notify the clerk's office to add the attorney to the court appointed wheel(s).

B. APPOINTMENT INFORMATION

- 1. Applicants must understand and agree that conflict case appointments are randomly chosen by a computerized program ("wheel") maintained by the Clerk's Office and that placement on the wheel does not guarantee appointments.
- 2. Court Administration makes no representations as to the number of cases in which the attorney may be appointed. The number of available cases (i.e. those in which the Office of Public Defender and/or the Office of Criminal Conflict and Civil Regional Counsel cannot provide representation) and the number of attorneys included on the Circuit's wheel will impact the frequency of appointments.
- 3. Failure by the attorney to accept appointments for any reason (e.g. rejection of the case, unavailability etc.) may result in the attorney being removed from the court appointed

wheel. Once removed from the court appointed list, the attorney must file a new application to be reinstated.

C. **REQUIRED NOTIFICATION INFORMATION**

Any attorney who is disbarred, suspended etc., or is otherwise the subject of discipline by The Florida Bar or who has had a legal malpractice case filed against him/her, must notify Court Administration within seven (7) days of the filing of the complaint, order or other charging document. In addition, any attorney who is under criminal investigation or has pending criminal charges against him/her must immediately notify Court Administration. Failure to provide such information may result in his/her immediate removal from the court appointed wheel.

D. **JAC CONTRACT INFORMATION**

1. Newly approved attorneys must sign a contract with the Justice Administrative Commission (“JAC”) no later than July 15 or thirty (30) days from the date of approval, whichever is later. JAC is the entity which pays the court appointed attorney's fees and costs. JAC contracts can be found at: www.justiceadmin.org. Failure to sign the contract within the time frame listed above will result in the attorney’s application being rejected.
2. Renewing Court Appointed Attorneys must re-execute a contract with the JAC each fiscal year which begins on July 1 and ends on June 30. The JAC will notify the attorney when the renewal contracts are available (usually in June). Failure to sign a renewal contract with JAC by July 15 will result in the attorney being removed from the wheel and requiring a new application during the next open application period.

E. **CONTACT INFORMATION**

1. Attorneys must maintain a valid email address and must provide notice to Court Administration, to the Clerk, and to the JAC upon any change in his/her address, email address and telephone number, and in his/her status.
2. Failure to comply with the terms of the contract with the JAC or with notifying Court Administration, the Clerk, and the JAC to any changes in status, may result in the attorney being removed from the court appointed wheel.
3. All attorneys on the court appointed wheel agree to accept correspondence through e-mail.

F. **SUBMISSION OF SHORT FORM RENEWAL APPLICATION**

Parts I through IV of the Court Appointed Attorney Application are to be **emailed only** no later than May 15, 2019 to:

CAD-AttorneyWheel-2@pbcgov.org – this inbox is for Guardianship and Mental Health Conflict Attorneys



2019 Fifteenth Judicial Circuit Court Appointed Attorney Application

PART I

(You must fill out and return all applicable application pages)

FULL NAME: _____

FLORIDA BAR NUMBER & YEAR ADMITTED: _____

OTHER STATES IN WHICH ADMITTED TO PRACTICE LAW: _____

PRIMARY OFFICE ADDRESS (as listed with The Florida Bar): _____

PALM BEACH COUNTY OFFICE ADDRESS (if different): _____

I agree to meet with 15th Judicial Circuit Court Appointed clients at my Palm Beach County Office and will not require the client to travel outside Palm Beach County (circle one):

 YES NO

I agree to meet with 15th Judicial Circuit Court appointed clients at a residential care facility (for guardianship cases) and to accept phone calls from the clients (circle one):

 YES NO

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____

FACSIMILE NUMBER: _____

I CERTIFY THAT I HAVE READ AND AGREE TO THE TERMS SET FORTH IN THE THREE (3) PAGE INSTRUCTION SHEET AND ON THIS INFORMATION SHEET. FAILURE TO COMPLY MAY RESULT IN MY REMOVAL FROM THE WHEEL(S).

Signature of Attorney

Date



PART II

2019 Fifteenth Judicial Circuit Court Appointed Attorney General Registry Supplement

1. In the last 10 years, has any trial or appellate court found that you rendered ineffective assistance of counsel through a Florida Rule of Criminal Rule 3.850, Florida Rule of Criminal Procedure 3.851, or other equivalent state or federal hearing?

_____Yes _____No

If YES, list all cases, including style of case, judge, and opposing counsel. Also, for each instance, please provide any explanation or circumstance you deem necessary or important to consider in further review of your application.

2. In the last 10 years, has any trial court replaced you with another attorney after conducting a hearing pursuant to *Nelson v. State*, 274 So. 2d 256 (Fla. 4th DCA 1973) or other equivalent state or federal hearing?

_____Yes _____No

If YES, list all cases, including style of case, judge, and opposing counsel. Also, for each instance, please provide any explanation or circumstance you deem necessary or important to consider in further review of your application.

Signature of Attorney

Date



PART III
2019 Fifteenth Judicial Circuit
Court Appointed Attorney Registry

ATTORNEY CERTIFICATION

NAME: _____ FBN: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

In accordance with §27.40(3)(a), *Florida Statutes*, to be included on a Fifteenth Judicial Circuit Court Appointed Attorney Registry, I hereby certify:

1. I meet any minimum requirements established by the Chief Judge and by general law for court appointment; and
2. I am available to represent indigent defendants in cases requiring court appointment of private counsel; and
3. I am willing to abide by the terms of the Justice Administrative Commission Contract for Services; and
4. I further certify to the best of my knowledge and belief, all statements contained in my Court Appointed Attorney Application and herein are true, correct, complete, and made in good faith. I understand any omissions, falsifications, misstatements or misrepresentations above may disqualify me for consideration. If I am accepted for installation on any Fifteenth Judicial Circuit Registry and enter into a contract with the Justice Administrative Commission I understand any omissions, falsifications, misstatements or misrepresentations later discovered to have been made by me herein may be grounds for dismissal. I am required to adhere to the contract, to any applicable policies and administrative orders of the Fifteenth Judicial Circuit, and any policies and procedures of the Justice Administrative Commission (www.JusticeAdmin.org).
5. I agree to meet with 15th Judicial Circuit Court appointed clients at my Palm Beach County office. For appointed clients who are incarcerated, I agree to meet with them at the corrections facility. For appointed clients who are at a residential care facility, I agree to meet with them at the facility. I further agree to accept phone calls from the court appointed clients.
6. I agree to provide 30 days written notice if I wish to be removed from a wheel. I agree that once removed from the court appointed list, I must file a new application to be reinstated.

SIGNATURE OF APPLICANT

DATE



PART IV - REQUESTED WHEELS

PLEASE READ CAREFULLY

SHADED AREA: Place a check mark or an X in the shaded area next to the name of the wheel for which you are applying. Each wheel is on a separate page. Some wheels have multiple categories. **If placed on the wheel, you can receive an appointment in any one of the listed categories.**

CASE CODES: You will also see case codes corresponding to the categories. The case codes are required by the Justice Administrative Commission.

INFORMATION PAGE: Complete the information page by placing your initials next to each affirmation and by providing the requested case information. If you cannot affirm the statement, you will not meet the minimum qualifications for the wheel. Only submit the information pages for the wheels you seek appointments.



GUARDIANSHIP/INCAPACITY

Attorneys on this wheel are appointed to cases where the alleged incapacitated ward is not indigent. Fees are not paid by the Justice Administrative Commission ("JAC").

By accepting non indigent appointments, attorneys on this wheel agree to accept cases for alleged incapacitated INDIGENT wards when the Office of Criminal Conflict and Civil Regional Counsel has a conflict and, in these cases, agree to the JAC's fee schedule.

Attorneys on this wheel **MUST** also sign a contract with the JAC.

INCLUDES THE FOLLOWING CATEGORIES	CASE CODE
Guardianship/Incapacity- Ch. 744, F.S.	860
Guardianship/Incapacity - Emergency Ch. 744, F.S.	865
SUPPORTING QUESTIONS	PLACE INITIALS AFFIRMING TO STATEMENT
I am a member in good standing with the Florida Bar.	
My primary office where I meet clients is located in Palm Beach County	
I have been a member of the Florida Bar for at least 3 years.	
At least 40 percent of my practice is guardianship and mental health	
I have completed at least 8 hours of CLE in Guardianship, Elder Law, Incapacity, or Adult Protective Services cases within the 12 months preceding the date of this application. (provide printout)	
I have participated in five Guardianship/Mental Health cases as attorney of record or co-counsel for the guardian/petitioner <ul style="list-style-type: none"> <input type="checkbox"/> At least 3 of these cases were within the past 3 years <input type="checkbox"/> Attach list of cases, or supporting documents with the following information: Case name, case number, approximate date of trial, name of opposing counsel, name of judge, name of any co-counsel and the role that counsel played in the trial 	
<p align="center">I agree to accept appointments and make appearances at the following courthouse locations (failure to check off locations will default to all locations):</p> <p align="center"> <input type="checkbox"/> West Palm Beach <input type="checkbox"/> Delray Beach <input type="checkbox"/> North Palm Beach <input type="checkbox"/> Belle Glade </p>	



OTHER ADULT CIVIL

INCLUDES THE FOLLOWING CATEGORIES	CASE CODE
Adult Protective Services – Ch. 415, F.S.	853
SUPPORTING QUESTIONS	PLACE INITIALS AFFIRMING TO STATEMENT
I am a member in good standing with the Florida Bar.	
My primary office where I meet clients is located in Palm Beach County	
I have been a member of the Florida Bar for at least 3 years.	
At least 40 percent of my practice is guardianship or elder law.	
I have completed at least 8 hours of CLE in Guardianship, Elder Law, Incapacity or Adult Protective Services cases within the 12 months preceding the date of this application. (provide printout.)	
<p>I have participated in five Elder Law cases as attorney of record or co-counsel for the guardian/petitioner</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least 3 of these cases were within the past 3 years <input type="checkbox"/> Attach list of cases, or supporting documents with the following information: Case name, case number, approximate date of trial, name of opposing counsel, name of judge, name of any co-counsel and the role that counsel played in the trial 	

I agree to accept appointments and make appearances at the following courthouse locations (failure to check off locations will default to all locations):

West Palm Beach **Delray Beach**
 North Palm Beach **Belle Glade**

BAKER ACT

CATEGORY	CASE CODE
Baker Act/Mental Health- Ch. 394, F.S.	840
SUPPORTING QUESTIONS	PLACE INITIALS AFFIRMING TO STATEMENT
I am a member in good standing with the Florida Bar.	
My primary office where I meet clients is located in Palm Beach County	
I have been a member of the Florida Bar for at least 3 years.	
I have completed at least 4 hours of CLE in Mental Health/Baker Act Proceedings within the 12 months preceding the date of this application. (provide printout.)	
I have participated in three Baker Act cases as attorney of record or co-counsel: <ul style="list-style-type: none"> <input type="checkbox"/> At least 2 of these cases were within the past 4 years <input type="checkbox"/> Attach list of cases, or supporting documents with the following information: Case name, case number, approximate date of trial, name of opposing counsel, name of judge, name of any co-counsel and the role that counsel played in the trial 	

I agree to accept appointments and make appearances at the following courthouse locations (failure to check off locations will default to all locations):

West Palm Beach Delray Beach
 North Palm Beach Belle Glade

MARCHMAN ACT

CATEGORY	CASE CODE
Marchman Act/Substance Abuse- Ch. 397, F.S.	851
SUPPORTING QUESTIONS	PLACE INITIALS AFFIRMING TO STATEMENT
I am a member in good standing with the Florida Bar.	
My primary office where I meet clients is located in Palm Beach County	
I have been a member of the Florida Bar for at least 3 years.	
I have completed at least 4 hours of CLE in Substance Abuse/Marchman Act Proceedings within the 12 months preceding the date of this application. (provide printout.)	
I have participated in three Marchman Act cases as attorney of record or co-counsel: <ul style="list-style-type: none"> <input type="checkbox"/> At least 2 of these cases were within the past 4 years <input type="checkbox"/> Attach list of cases, or supporting documents with the following information: Case name, case number, approximate date of trial, name of opposing counsel, name of judge, name of any co-counsel and the role that counsel played in the trial 	

I agree to accept appointments and make appearances at the following courthouse locations (failure to check off locations will default to all locations):

_____ **West Palm Beach** _____ **Delray Beach**

_____ **North Palm Beach** _____ **Belle Glade**



OTHER ADULT CIVIL HEALTH

INCLUDES THE FOLLOWING CATEGORIES	CASE CODE
Tuberculosis Control, Ch. 392, F.S.	867
SUPPORTING QUESTIONS	PLACE INITIALS AFFIRMING TO STATEMENT
I am a member in good standing with the Florida Bar.	
My primary office where I meet clients is located in Palm Beach County	
I have been a member of the Florida Bar for at least 3 years.	

I agree to accept appointments and make appearances at the following courthouse locations (failure to check off locations will default to all locations):

West Palm Beach Delray Beach
 North Palm Beach Belle Glade