

## GHC Department of Public Defense Attorney Application

FIRM NAME	
Attorney Name	
Physical Address	
Mailing Address	
Telephone	
E-mail address	

I am familiar with, qualified under, and agree to abide by the Washington State Standards for Indigent Defense, the Grays Harbor County Department of Public Defense policy and procedures, and I have reviewed said standards in preparing this submission of statement of qualifications.

[https://www.wsba.org/docs/default-source/legal-community/committees/council-on-public-defense/standards-for-indigent-def-services-boh-apprv-9-22-11.pdf?sfvrsn=dae43cf1\\_2](https://www.wsba.org/docs/default-source/legal-community/committees/council-on-public-defense/standards-for-indigent-def-services-boh-apprv-9-22-11.pdf?sfvrsn=dae43cf1_2)

**I have attended the following CLEs since January 2019**

Date	Topic	# of Credits

**I am currently court appointed on the following GH Superior Court cause #'s**


**I have been court appointed on the following additional GH Superior Court cause #'s in prior 12 months:**


**I have Superior Court Felony Indigent Defense Contracts in the following Counties:**


YES/NO	I am a current member of the following:
	GHCBA
	WDA
	WACDL
	NADL
	Other:
	List-Serves Name

**During the last 12 months:**

YES/NO	I have used Private Investigator	PI Name/Contact #
YES/NO	I have used Court Language Interpreters	Specify Language

**I agree to:**

- Provide a copy of professional liability insurance policy binder & general liability Insurance with Grays Harbor County listed as an additional insured.
- Prepare & send indigent defense standards certifications to the Department of Public Defense Quarterly;
- Keep and submit detail time records for fee payment to the Department of Public Defense;
- To provide thirty (30) days written notice to end contract notice to the Department of Public Defense;
- To transfer remaining pending cases to the substituting appointed counsel with transfer memo for new counsel, and a copy of transfer memo to the GHC Department of Public Defense.

**Print Name:** \_\_\_\_\_

**WSBA#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_