

**Office of Assigned Counsel
County of San Diego
Application for Immigration Defense Attorney Panel**

Instructions: Please type or print clearly in black ink. You may attach documents to this application but do not disassemble or rearrange this application.

1. **Background**

Name: _____ SS#: _____ Bar No.: _____

Office Address _____

Phone: _____ Fax: _____ E-mail: _____

Are you a SDCBA Member? ___ Yes ___ No

2. **Education and Admissions**

Law School: _____ Graduated: _____

Years Practiced Law: _____ Date Admitted in California: _____

Admitted to practice law in other state(s): Yes / No If Yes, list states and year admitted:

Language Proficiency (in addition to English) _____

3. **Immigration and Panel Experience**

Are you a member of any of the following:

OAC Panel _____

American Immigration Lawyers Association _____

Federal Court Criminal Panel _____

Any Immigration Pro Bono Panel _____

Other _____

Number of years immigration work: _____

Are you an immigration law specialist? ___ Yes ___ No

Date Certified (or recertified): _____

**Office of Assigned Counsel
County of San Diego
Application for Immigration Defense Attorney Panel**

Instructions: Please type or print clearly in **black ink**. You may attach documents to this application but **do not** disassemble or rearrange this application.

4. **Employment History** - please check off areas of previous employment:

- | | |
|---|---|
| <input type="checkbox"/> Deputy Public Defender | <input type="checkbox"/> State Defender |
| <input type="checkbox"/> Deputy City Attorney | <input type="checkbox"/> Federal Defender |
| <input type="checkbox"/> Deputy District Attorney | <input type="checkbox"/> Appellate Defender |
| <input type="checkbox"/> Assist U.S. Attorney | <input type="checkbox"/> Military Attorney |
| <input type="checkbox"/> Private Law Firm | <input type="checkbox"/> Solo Practitioner |

Please list last five years of employment, starting with most recent position:

Date of Employment	Employer	Supervisor

5. **Continuing Legal Education** – please indicate below how many Immigration/Other Continuing Legal Education programs you have attended and/or taught during the last 12 months. (Yearly proof of 6 hours is due to OAC by June 30th.) Please attach addendum if necessary.

Date	Sponsoring Agency	Topic	Location	Hours

**Office of Assigned Counsel
County of San Diego
Application for Immigration Defense Attorney Panel**

Instructions: Please type or print clearly in **black ink**. You may attach documents to this application but **do not** disassemble or rearrange this application.

*For each section, please indicate type of **NTA Removal/Type of Removal Proceedings** specified below:

- Board of Immigration Appeals (BIA)
- Federal Circuit Appeals (FCA)
- Custody Redetermination (CR)
- Criminal Charge Removal Proceeding (CCRP)
- Asylum
- Other applicable

6. **Removal Proceedings** - please indicate below the following cases you handled as primary counsel in the past 5 years (Asylum, 42a/42b, adjustment of status, etc):

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Office of Assigned Counsel
County of San Diego
Application for Immigration Defense Attorney Panel**

Instructions: Please type or print clearly in **black ink**. You may attach documents to this application but **do not** disassemble or rearrange this application.

6.1. **Bond Hearings** - please indicate below the bond hearings you handled as principal counsel in the past 5 years:

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						

6.2. **Fear Interviews** – please indicate below the following fear interviews as principal counsel in the past five years:

Please indicate type of fear interview under **NTA Removal** column:

- Credible Fear Interview (CFI)
- Reasonable Fear Interview (RFI)

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Office of Assigned Counsel
County of San Diego
Application for Immigration Defense Attorney Panel**

6.3. **Motions** – please indicate below the following 10 evidentiary and non-evidentiary motions you have handled (termination, suppression, change of venue, etc.):

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

6.4. **Appeals/Crimmigration matters** – please indicate below the appeals/crimmigration matters that you handled as principal counsel in the past 5 years:

	Year	NTA Removal/Type of Removal Proceedings	Result	Co-Counsel	Opposing Counsel	Judge
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Office of Assigned Counsel
County of San Diego
Application for Immigration Defense Attorney Panel**

Instructions: Please type or print clearly in **black ink**. You may attach documents to this application but **do not** disassemble or rearrange this application.

1. **Agreement**

The Office of Assigned Counsel Program (hereinafter, "OAC") makes available to indigent persons accused of crimes the services of attorneys who have met the criteria for participation in the OAC Program. The applicant is applying for panel membership in the OAC Program. In exchange for OAC case assignments, applicant agrees to the following conditions and covenants:

I DECLARE UNDER PENALTY OF PERJURY THAT:

- 1) I have read, understand, and agree to be bound by the Rules and Regulations of the OAC Program and by those that may be later adopted. The Rules and Regulations are incorporated by reference. In addition, I have read, understand and am familiar with the State Bar Rules of Professional Conduct, especially Rule 3-110 relating to professional competence.
- 2) I understand that my appointment to represent indigent defendants as an OAC Program panel attorney is a matter of privilege and not a matter of right and can be revoked.
- 3) I am an active member in good standing of the State Bar of California.
- 4) I understand that I must meet and maintain the minimum requirements for the class for which I have applied. I also understand that the criteria for participation in OAC panels are the minimum requirements.
- 5) I maintain my principal legal office in the judicial district for which I have applied.
- 6) I agree to indemnify and hold harmless the County of San Diego, its Officers and Employees, members of the Screening Committees and other OAC committees, and other related officials for any liability or loss arising from my participation in the OAC Program or from the referrals, assignments or appointments.
- 7) I waive any and all claims against the County of San Diego, its Officers and Employees, members of the Screening Committees and other OAC committees, and other related officials for any liability arising from the operation of the OAC Program or from the referrals, assignments and appointments.
- 8) *All disputes shall be resolved in accordance with the Rules and Regulations of the OAC Program.*

In the event of any unresolved dispute against the OAC program or its employees, the County of San Diego, members of the OAC Screening Committees and other OAC committees, or other related officials regarding my participation in or removal from the OAC Program, or any other dispute, I agree that such dispute shall be resolved by means of binding arbitration in accordance with the commercial arbitration rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator may be entered in any court of competent jurisdiction. The arbitrator shall be limited to awarding compensatory damages and shall have no authority to award punitive, exemplary or any other type damages. The prevailing party in the arbitration proceeding shall be entitled to recover its expenses, including costs of the arbitration proceeding and arbitrator fees, and reasonable attorneys' fees.

Notice: By signing this application I understand that I am agreeing to have any dispute arising out of my participation in the OAC Program decided by neutral arbitration as provided by California law and I am giving up any right I might possess to have the dispute litigated in a court or jury trial. By signing this application I am giving up my judicial right to appeal.

**Office of Assigned Counsel
County of San Diego
Application for Immigration Defense Attorney Panel**

Instructions: Please type or print clearly in black ink. You may attach documents to this application but do not disassemble or rearrange this application.

I understand that if I refuse to submit to arbitration after agreeing to this provision, I may be compelled to arbitrate under the authority of the California Code of Civil Procedure.

Please date and sign here acknowledging that you have read, understand and agree to the contents of paragraph eight (8), above.

Date: _____ Signature _____

- 9) I understand that my application will allow inquiry of the Judges before whom I have appeared and attorneys who have worked with me or opposed me. I agree to those inquiries being made and understand that the information received as a result of those inquiries will be kept confidential. I also understand that if I am denied admission to a particular panel classification as a result of such confidential information, I will be notified that the denial was based on this factor. At my request, I will be given the opportunity to appear before the screening committee to address this factor and will receive reconsideration of my application, according to the procedures set forth in Section J of the OAC Rules and Regulations.
- 10) I understand that a policy of professional liability insurance must be in force before I can be accepted onto the panel. I agree to maintain errors and omissions insurance in the amount of not less than \$250,000.00 for each occurrence and \$500,000.00 aggregate per year showing the County of San Diego as an additional named insured.
- 11) I agree to notify the OAC program within 10 days of actual notice that a complaint has been filed against me by the State Bar of California ("State Bar"), or like organization in any state, or that any complaint of a criminal nature has been filed anywhere against me.
- 12) I agree to complete and submit to the OAC Program all non-privileged reports/documents requested by the OAC Program regarding my performance on a OAC-assigned case, including billing and documentation of tasks completed by me.
- 13) I agree to notify the OAC program within 10 days of a hearing on a Marsden motion filed against me (excluding any privileged information), regardless of the outcome of the hearing. I understand that failure to report said Marsden motion within 10 days may result in interim suspension from the OAC panel.
- 14) I agree to notify the OAC program within 10 days of any sanctions imposed on me by any Court. I understand that failure to report said sanctions within 10 days may result in interim suspension from the OAC panel.
- 15) I understand that I must engage in at least 12 hours of immigration/criminal law continuing legal education and immigration/criminal law training each year, including the specific requisite seminars/courses for the highest class applied for, as set forth in the Rules and Regulations of the OAC program.
- 16) I understand that I shall provide aggregate information and analysis monthly and 30 days after pilot period's end, for incorporation into a program Annual Report prepared by the Public Defender's OAC. Monthly report data to be provided shall include: number of immigrants represented, number of days in custody before release (if released), dollar amount of the bond if given bond, substantive out comes and substantive motions, status of pending cases, returned to employment, returned to family, returned to community, remained in custody pending outcome, case interpretation needs, which language interpreters utilized, defense utilized during removal proceedings, and other data determined by the Legal Coordinator.

**Office of Assigned Counsel
County of San Diego
Application for Immigration Defense Attorney Panel**

Instructions: Please type or print clearly in **black ink**. You may attach documents to this application but **do not** disassemble or rearrange this application.

YOU MUST STRIKE THE INAPPLICABLE SENTENCE:

I have not, at any time, had any disciplinary actions taken against me by the State Bar of California, or any other bar association.

Or

I have been disciplined by a bar association and describe the incident on a separate document attached hereto.

I submit the foregoing information in support of my application and I agree to cooperate with the County of San Diego's Office of Assigned Counsel in facilitating reasonable verification thereof and otherwise reviewing my qualifications.

I have read, understand, and agree to the terms of this agreement. I declare **under penalty of perjury** that the information I have provided in this application is complete and accurate to the best of my knowledge.

Executed at _____, California

PLEASE SIGN IN **BLACK INK**

DATED

SIGNATURE OF APPLICANT

Return, **along with a small photograph** (no larger than 2" by 3") and required reference letters (see OAC Rules and Regulations). The required photograph may be submitted to OAC in electronic form in the alternative.

TO: Office of Assigned Counsel

County of San Diego
451 A Street, Suite 1450
San Diego, California 92101