

**CRIMINAL JUSTICE ACT
APPLICATION FOR PANEL MEMBERSHIP
CENTRAL DISTRICT OF ILLINOIS**

NAME	NAME OF FIRM	
Social Security No:	Bar No:	
	OFFICE ADDRESS	
Telephone No. of Firm:		
Fax No:	E-Mail Address:	
EDUCATION		
LAW SCHOOLS ATTENDED	DEGREE	
OTHER JURISDICTIONS WHERE ADMITTED OR LICENSED TO PRACTICE		
APPLICANT HAS READ AND IS FAMILIAR WITH:	YES	NO
A. The Federal Rules of Criminal Procedure.		
B. The Rules of the United States District Court for the Central District of Illinois.		
C. The Code of Professional Responsibility as adopted by the State of Illinois.		

HAS THE APPLICANT EITHER SUCCESSFULLY COMPLETED A COURSE OF STUDY IN AN EDUCATION INSTITUTION BEFORE OR AFTER ADMISSION TO THE BAR, COVERING THE FOLLOWING SUBJECT MATTER:	YES	NO
A. Evidence.		
B. Criminal Law and Procedure		
C. Professional Responsibility		
D. Trial Advocacy		
HAS THE APPLICANT ASSISTED IN THE PREPARATION OF A CASE OR CASES FOR TRIAL, EITHER CRIMINAL OR CIVIL?	YES	NO
If yes, Number of civil cases. _____ Number of criminal cases. _____		
Were any of these Federal Court Proceedings?	YES	NO
If yes, how many times? _____ If yes, how many were: Traffic _____ Misdemeanor _____ Felony _____ If yes, how many of the trials were you lead counsel? _____ If yes, how many were in federal court? _____		
HAVE YOU EVER REPRESENTED A PARTY AT A CRIMINAL JURY TRIAL?	YES	NO
HAVE YOU EVER OBSERVED A COMPLETE HEARING AT WHICH TESTIMONY IS TAKEN ON THE MERITS IN UNITED STATES DISTRICT COURT?	YES	NO
If yes, how many proceedings have you so observed? _____		

LEGAL REFERENCES
(Local Judges or Attorneys Familiar with your Legal Skills)

BRIEFLY DESCRIBE THE NATURE AND LENGTH OF YOUR PRESENT PRACTICE:

I hereby certify that the above information is true and correct.

Date

Applicant's Signature

Typed Name of Applicant