

### **Instructions for MCILS Application for Protective Custody Matters:**

1. Before beginning this application, review the applicable eligibility requirements outlined in [Chapter 3 of the Commission rules](#).
2. Applications must be typed and submitted using the fillable PDF document provided. Handwritten applications will NOT be considered.
3. Carefully read and complete *all* required fields. Incomplete applications will NOT be considered.
4. You must submit proof of completion of the CLE requirement with this application. Applications without the proof of completion will NOT be considered.
5. If you are requesting a waiver of the contested hearing requirement, your references listed in (E) must submit their letters directly to the Executive Director at [MCILS@maine.gov](mailto:MCILS@maine.gov). Your application will NOT be considered until all three letters are received by MCILS.
6. Please submit your completed application and proof of CLE completion to the Executive Director at [MCILS@maine.gov](mailto:MCILS@maine.gov).

**MAINE COMMISSION ON INDIGENT LEGAL SERVICES**

*Application for Protective Custody Cases*

**Attorney's Name:**

**Bar Number:**

A. Have you conducted at least four contested hearings in civil or criminal cases within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_

Identify four contested hearings you have conducted by docket number and hearing type:

<b>Contested Hearing Type:</b>	<b>Docket Number:</b>	<b>Year:</b>

If your answer to (A) is, "No", are you requesting a waiver from this requirement? \_\_\_\_\_

If you are requesting a waiver, you must complete section (D).

B. In the last three years, have you attended at least four hours of CLE credit on topics related to the representation of parents in protective custody proceedings?

Yes \_\_\_\_\_ No \_\_\_\_\_

List the CLE presentation(s) you attended that satisfy this requirement and attach proof of completion for each:

<b>Name of CLE:</b>	<b>Date Completed:</b>

C. Provide a statement explaining reasons for interest in and qualifications for representing parents in protective custody proceedings:

D. If you are requesting a waiver of the contested hearing requirement:

a Provide a statement below explaining the need for a waiver and your experience and qualifications to provide representation in protective custody matters:

b Provide the names and email addresses of attorneys with whom you do not practice who will submit letters of reference directly to the Executive Director that describe your qualifications to represent parents in protective custody matters.

- i \_\_\_\_\_
- ii \_\_\_\_\_
- iii \_\_\_\_\_

E. Have you tried as a first or second chair a termination of parental rights hearing?

Yes \_\_\_\_\_ No \_\_\_\_\_

F. If you have not tried as a first or second chair a termination of parental rights hearing, or if you have less than six months of child protection experience, then you must file a request with MCILS for a more experienced attorney to serve as a second chair to assist you with your first contested termination of parental rights hearing irrespective of how many consented-to termination hearings you may have participated in.

Initial here to acknowledge this requirement: \_\_\_\_\_

I acknowledge that by submitting this application, or by accepting assignments made in reliance on this application, I certify the accuracy of its contents. I further certify that I have read, understand, and agree to be bound by all of the Commission rules.

Date:

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

Bar Number: \_\_\_\_\_