

**MAINE COMMISSION ON INDIGENT LEGAL SERVICES**

**Application for Serious Violent Felony Assignments**

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

1. Do you have at least two years of criminal law experience?  
Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_ year(s) \_\_\_\_\_ months

If your answer to (1) is no, please provide information explaining the need for a waiver and your experience and qualifications to provide representation for individuals charged with a serious violent felony despite your lack of the required years of criminal law experience.  
*(may attach additional sheets if necessary)*

2. Have you tried before a judge or jury as first chair at least four criminal or civil cases in the last ten years? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_
- a. Were at least two of these cases tried before a jury? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_  
Name the Court and approximate date(s) for at least two of the jury cases:
- b. Were at least two of these cases criminal trials? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_  
Name the most serious charge of these criminal cases:

- c. If your answer to any part of question (2) is no, please provide information explaining the need for a waiver and your experience and qualifications to provide representation for individuals charged with a serious violent felony despite your lack of the required trial experience. *(may attach additional sheets if necessary)*

3. Please outline your reasons for interest in and qualifications for representing individuals charged with a serious violent felony. *(may attach additional sheets if necessary)*

4. If you seek a waiver from any specific requirements, please submit three (3) letters of reference from attorneys with whom you do not practice that describe your qualifications to represent individuals charged with a serious violent felony. These letters of reference must be submitted by the author directly to the Executive Director via email to [MCILS@maine.gov](mailto:MCILS@maine.gov). Please provide the names of the attorneys who will be submitting letters on your behalf:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please submit this application to MCILS by email, fax, or mail:

[mcils@maine.gov](mailto:mcils@maine.gov) • Fax 207-287-3293  
MCILS, 154 State House Station, Augusta, ME 04333-0154