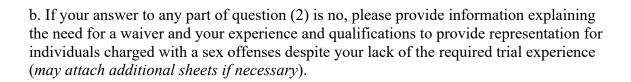
MAINE COMMISSION ON INDIGENT LEGAL SERVICES

Application for Sex Offense Assignments

Name:				Bar Number:			
1.					l law experier _ year(s)		
	If your answer to (1) is no, please provide information explaining the need for a waiver ary your experience and qualifications to provide representation for individuals charged with sex offense despite your lack of the required years of criminal law experience (may attack additional sheets if necessary).						arged with a
2.	Have :	you tried bef	ore a judge or	· jury as fir	rst chair at leas	st three felony crimina	l cases within
	the las	st ten years?	Yes N	No	How many? _		
	a.		st two of thes No		ed before a jury?	y?	
		Name the c	ourt and appr	oximate da	ate(s) for at lea	ast two of the jury case	es:
		Name : 41.		hansa -£4			
		mame the n	iosi serious c	narge of th	ese criminal c	ases.	



3. Please outline your reasons for interest in and qualifications for representing individuals charged with a sex offense (*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 qualification represent individuals charged with sex offenses. These letters of reference must be submitted to Executive Director Justin Andrus by the author. Please provide the names of the attorneys who will be submitting letters on your behalf:					
	1.					
	2.					
	3					
Ap	oplicant's Signature	Date				
Please submit this application to MCILS by email, fax, or mail:						
	cils@maine.gov • Fax 207-287-3293 CILS, 154 State House Station, Augusta, ME 04333-0154					