

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

Application to Serve on the Capital Case Panel

Please return the completed application and a resume or curriculum vitae summarizing your legal education and professional experience to:

Ebony Hill, Criminal Director
Superior Court of California, County of Riverside

Mail: 4050 Main Street, Executive Office, Riverside, CA 92501

Email: Ebony.Hill@riverside.courts.ca.gov

| A. | CC | ONTACT INFORMATION | | | | | | |
|----|--|--|--|--|--|--|--|--|
| | 1. | Name: CA State Bar No.: | | | | | | |
| | 2. | Firm: | | | | | | |
| | 3. | Business Address: | | | | | | |
| | | City: State: Zip: | | | | | | |
| | 4. | Email address: Website: | | | | | | |
| | 5. | Telephone numbers: | | | | | | |
| | | Daytime: Fax: Cell: | | | | | | |
| | 6. | I am interested in appointments as $\ \square$ Lead Counsel $\ \square$ Associate Counsel $\ \square$ Both | | | | | | |
| В. | QL | QUALIFICATIONS | | | | | | |
| | 1. | Bar Membership: | | | | | | |
| | | ☐ I am an active member of the State Bar of CA. Years of active bar membership: | | | | | | |
| | | Date of admission to the State Bar of CA: | | | | | | |
| | | ☐ I am certified by the State Bar of CA Board of Legal Specialization as a criminal law specialist. | | | | | | |
| | | Date certified as a criminal law specialist: | | | | | | |
| | 2. | Disclosures: | | | | | | |
| | | a. Have you ever been disciplined by the State Bar of CA or by a bar association or other professiona licensing entity in any state or by a court of record, including being sanctioned or being held in contempt? | | | | | | |
| | | ☐ YES ☐ NO | | | | | | |
| | b. Do you have any disciplinary action pending against you by the State Bar of CA or by association or other professional licensing entity in any state or by a court of record, in proceeding for the imposition of sanctions for contempt? | | | | | | | |
| | | ☐ YES ☐ NO | | | | | | |
| | | c. Have you ever been convicted or pleaded no contest to a felony or misdemeanor? | | | | | | |
| | | ☐ YES ☐ NO | | | | | | |
| | | d. Are you a defendant in any pending felony or misdemeanor proceeding? | | | | | | |
| | | ☐ YES ☐ NO | | | | | | |
| | | If you answered Yes to any of the above questions, please provide an explanation: | | | | | | |
| | | | | | | | | |

| ently pending litigation to | o which you are a par | ty: | | | | | |
|--|--------------------------|------------------------|--|------------------|--|---|--|
| | | | | | | | |
| | | | | | | | |
| plicants: | | | | | | | |
| at least 10 years of crim | ninal litigation experie | ence? | | YES | | NC | |
| ted as lead counsel in at s, tried to argument, vero | | = = = | | ncludin YES | g at I | east NC | |
| ted as lead counsel in at s, tried to argument, ver | | | | cluding YES | at le | ast : | |
| Associate Counsel Applicants: | | | | | | | |
| at least 3 years of crimi | nal litigation experien | nce | | YES | | NC | |
| ted as lead counsel in at jury trials tried to argun | | | | uding 3 YES | serio | ous NC | |
| ted as lead counsel in at al judgment? | least 3 serious or vic | olent felony jury tria | | ed to ar YES | rgum | ent, NC | |
| ted as lead or associate rder case, tried to argun | | | | jury tria YES | als, ir | nclu NC | |
| Describe your experience in the use of expert witnesses and evidence, including psychiatric and forens evidence. | | | | | | | |
| ceived an appointment a | as counsel (lead or as | ssociate) in a deatl | | alty cas YES | | hin NC | |
| ovide the case number(s |): | | | | | | |
| | | | | | e nar | ne, | |
| | | | | | nalty trials in which you acted as lead or associate counsel. Specify the casunty, judicial officer, and whether you were lead or associate counsel. | nalty trials in which you acted as lead or associate counsel. Specify the case nar unty, judicial officer, and whether you were lead or associate counsel. | |

| 2. | Please describe any other capital detense training you have completed. |
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| | |
| I declare true and c | under the penalty of perjury under the laws of the State of California that the contents of this application ar correct. |
| Date: | |
| | (TYPE OR PRINT NAME OF APPLICANT) (SIGNATURE OF APPLICANT) |