



THE STATE OF FLORIDA
JUSTICE ADMINISTRATIVE COMMISSION

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**APPLICATION FOR STATEWIDE
CAPITAL COLLATERAL ATTORNEY REGISTRY**

1. Name _____ Telephone _____
2. Firm Name _____
3. Address _____
4. Email Address _____
5. In which judicial circuit(s) do you practice? _____
6. From which circuit(s) would you accept cases? _____
7. Do you satisfy the minimum requirements set forth in Sections 27.704(2) and 27.710(1), Florida Statutes, and Rule 3.112(k), Fla. R. Crim. P.? Yes No
8. Are you a member in good standing of the Florida Bar? Yes No
9. Florida Bar Number _____ Year Admitted _____

BY SIGNING THIS APPLICATION, YOU ARE CERTIFYING:

THAT YOU SATISFY THE MINIMUM REQUIREMENTS SET FORTH IN s. 27.704(2) AND 27.710(1), FLORIDA STATUTES AND RULE 3.112(K), FLA. R. CRIM. P.; THAT YOU ARE COUNSEL OF RECORD FOR NOT MORE THAN NINE POSTCONVICTION CAPITAL COLLATERAL PROCEEDINGS; THAT, IF APPOINTED TO REPRESENT A PERSON IN POSTCONVICTION CAPITAL COLLATERAL PROCEEDINGS, YOU WILL CONTINUE SUCH REPRESENTATION UNDER THE TERMS AND CONDITIONS SET FORTH IN s. 27.711, FLORIDA STATUTES, UNTIL THE SENTENCE IS REVERSED, REDUCED, OR CARRIED OUT OR UNLESS PERMITTED TO WITHDRAW FROM REPRESENTATION BY THE TRIAL COURT; AND, THAT YOU WILL COMPLY WITH ALL CLE REQUIREMENTS.

Signature

Date