

### **Instructions for MCPDS Application for Sex Offense Assignments:**

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 your references must submit their letters directly to the Executive Director at [PDS@Maine.gov](mailto:PDS@Maine.gov). Your application will NOT be considered until all three letters are received by MCPDS.
6. Please submit your completed application to the Executive Director at [PDS@Maine.gov](mailto:PDS@Maine.gov).

**MAINE COMMISSION ON PUBLIC DEFENSE SERVICES**

**Application for Sex Offense Assignments**

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

1. Do you have at least three years of criminal defense practice experience?  
Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

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 sex offense despite your lack of the required years of criminal law experience (*may attach additional sheets if necessary*).

2. Have you tried before a jury individually or as co-counsel at least three felony criminal cases within 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:

Name the most serious charge of these criminal cases:

b. 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 sex offenses 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 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 qualifications to represent individuals charged with sex offenses. These letters of reference must be submitted directly 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. \_\_\_\_\_

5. I Hereby certify i have read, understand, and agree to comply with all Commission Rules and Standards of Practice.

\_\_\_\_\_

\_\_\_\_\_

Date

Applicant's Signature