

### **Instructions for MCPDS Application for Major Felonies:**

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 Major Felony Assignments**

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

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

If your answer to (1) is no, please provide information explaining the need for a waiver.

2. Have you tried before a jury, individually or as co-counsel at least four criminal cases in the last ten years? 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 Major Felony.

3. Please outline your reasons for interest in and qualifications for representing individuals charged with a Major Felony.

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 PDS@maine.gov.

Please provide the names of the attorneys who will be submitting letters on your behalf:

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

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

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

5. I Certify that I have read, understand, and agree to comply with all Commission Rules and Standards of Practice.

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

\_\_\_\_\_  
Date