

Waukesha County Circuit Court Services
2020 Attorney Application for Appointment

NAME: _____

ADDRESS: _____

PRIMARY CONTACT #: _____ SECONDARY CONTACT #: _____

STATE BAR ID NO.: _____ TAX ID # - SSN or FEIN : _____

EMAIL ADDRESS: _____

I am submitting this application for consideration by the Waukesha County Judiciary to accept case appointments for legal services under SCR 81. I am legally engaged in the practice of law and am offering to accept appointments by the court in the following areas of service: **(Check those that apply)**

Advocate Counsel
Yrs of Experience _____

GAL
Yrs of Experience _____

Non-Indigent "DEAN" Counsel
Yrs of Experience _____

In the following case types: **(Please check the case type(s) you are interested in taking appointments for):**

Adoption (JA) Chips (JC) Guardianship (JG) Injunctions (JI)

Citations (JO) JIPS/DELQ. (JV) Term. Parental Rights (TP)

Probate & Guardianships (adult) Divorce/Legal Separation (FA)

Marital Presumption (FA) Third Party/Grandparent Visitation Minor Parent

Paternity (PA) Surrogacy Child Abuse Restraining Orders

Felony (CF) Misdemeanor (CM) Misdemeanor Traffic (CT)

I have a current General Certification Application and Certification List Request(s) on file with the Wisconsin Office of the State Public Defender (SPD), a copy of which is attached.

I have received training in the following areas:

Trauma Informed Care Domestic Violence Child Welfare

I have the ability to communicate effectively in the following non-English language(s) or ASL:

- I agree to abide by the Americans with Disabilities Act (ADA) and will not discriminate against or refuse access to any programs, services, or activities provided by me as a result of my appointment.).
- I will comply with Supreme Court Rules applicable to Guardian ad Litem Training and Education requirements. My signed Statement of Training and Education Compliance form is attached to this application.
- I will review and follow any applicable Local Rules affecting any legal service appointments and services.
- Malpractice insurance information is as follows:
- Company: _____ Policy No.: _____
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- I have read and completed the 2020 Memorandum of Understanding (MOU) establishing appointment and compensation conditions for any legal services appointments directed to, and accepted by me, by one or more circuit court officials. I have signed and submitted a copy of the current MOU acknowledging my compliance with service and compensation as noted therein.

DATED: _____ SIGNED: _____

Important: **BY MONDAY FEB. 3, 2020** - Please return this Application with your signed MOU, your Statement of Training and Education Compliance, and your SPD Certification letter (if applicable) to:

**Waukesha County Circuit Court Services
c/o Courts Business Center
PO Box 1627, Waukesha, WI 53187-1627**

or drop off at the Courthouse in Rm C-112.

TO BE COMPLETED BY CIRCUIT COURT SERVICES:

- SPD Certification letter attached.
- Statement of Compliance – Signed and Attached
- Appointment and Compensation Memorandum of Understanding – Signed and Attached
- Approved. Date added to Waukesha Circuit Court Appointment List: _____
Initials: _____
- Denied. Specify Reason: _____
- Copy of denial mailed to attorney on: _____