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DIRECTOR APPLICATION **MISSOURI STATE PUBLIC DEFENDER**	Woodrail Centre 1000 West Nifong, Bldg. 7, Ste. 100 Columbia, MO 65203-5661	Phone: 573 777 9977 Fax: 573 777 9976 www.publicdefender.mo.gov

To the extent information requested herein is already contained in your resume, you may simply note "See Attached Resume."

Name:

Please also list all other names by which you have been known.

Contact Information: *Include the mailing address, telephone number(s), email address, and fax number through which you would prefer to be contacted for purposes of the application / selection process.*

Mailing address:

Email address:

Telephone number(s):

Fax number(s):

Law License Information:

Missouri Bar Number: Date of admission:

Are you currently in Good Standing? ☐ Yes ☐ No

If not, explain in detail below or in an attachment.

If not currently licensed in Missouri, list the state(s) in which you are licensed, together with your bar number(s) for each, and a description of your eligibility status for licensure in Missouri.

Were you ever refused admission to the bar of Missouri or the bar of another state or the federal courts?

☐ Yes ☐ No

If yes, provide details below or in an attachment.

Have you ever been disciplined, admonished, or cited for a breach of ethics or professional conduct by the Missouri Supreme Court or by any court, bar association, or committee thereof in Missouri or any other state?

☐ Yes ☐ No

If yes, provide details below or in an attachment.

Background Check Information:

Have you ever been held in contempt of court? ☐ Yes ☐ No

If yes, provide details below or in an attachment.

Have you ever been a party to any legal proceedings? ☐ Yes ☐ No

If yes, provide the style of the case, where it was filed, and explain in detail below or in an attachment.

Have you ever been convicted or received a suspended imposition of sentence for a felony or misdemeanor in state, federal, or military court, excluding non-alcohol related traffic offenses or other infractions?

☐ Yes ☐ No

If yes, provide the style of the case, where it was filed, and explain in detail below or in an attachment.

Other Connections:

Are you related by blood or marriage to any employee or commission member of the Missouri State Public Defender System?

☐ Yes ☐ No

If yes, please provide the employee's or commissioner's name and relationship to you.

Do you now or have you ever held an elective or appointive public office or position? ☐ Yes ☐ No

If yes, provide the details below or in an attachment.

Are you now an officer, director, or otherwise engaged in the management of any business enterprise, whether for profit or non-profit?

☐ Yes ☐ No

If yes, identify the name of the enterprise, the nature of the business, the title of your position, the nature of your duties, and the term of your service in detail below or in an attachment.

Educational History:

List all colleges and universities attended, including law school, together with the dates and degrees received.

Please list and/or describe any college, university, or law school activities, scholastic achievements, and other awards or honors you think are relevant to the commission's decision, in detail below or in an attachment.

Were you ever suspended, placed on probation, or expelled by school authorities for any reason, while a student at any institution of higher education?

☐ Yes ☐ No

If yes, describe the circumstances in detail below or in an attachment.

Employment History:

For each position described, please include dates of employment, positions held and the duties thereof, and, to the extent reasonably available to you, the name and contact information for each employer.

Describe all employment you have held from the beginning of law school to the present.

Describe any significant non-law-related employment prior to law school.

Legal Practice Experience:

Describe the nature of your criminal law practice experience.

Describe any other legal experience you believe may be relevant to the decision of the commission.

List all bar associations and other professional societies of which you are a member, together with any offices held and the dates thereof.

List any awards or recognitions of a professional nature you have received, as well as any published articles or books authored by you.

Leadership Experience:

Describe any positions you have held, whether paid or volunteer, in which you have been responsible for the oversight or management of others or for the operation of an organization.

Describe your public-speaking experience.

Describe any experience you have working with criminal justice policy-making bodies or groups.

Other:

If applicable and not already listed elsewhere, provide the branches and dates of military service, including rank at time of discharge. If such discharge was other than honorable, provide details below or in an attachment.

List and/or describe any additional honors or awards you have received, activities you have performed, community activities or organizations not listed elsewhere with which you are affiliated, or any other information not set out above that demonstrates the quality of your work as an attorney and/or a leader or that you believe is otherwise relevant to the commission's decision. You may explain in detail below or in an attachment.

References:

Please list the name of *five* persons who will provide references for you with respect to your professional qualifications to serve as state Public Defender. For each of the five references, please provide name, title, mailing address, telephone, and email address. Applicants should not request references to contact the commission directly.

Applicant Certification:

State law requires all state employees to file all state income tax returns and pay all state income taxes owed. I understand that verification of taxes owed will be conducted by the State and failure to satisfy any liability or payment owed will result in termination of employment.

☐ Yes, I understand.

I certify that all of the statements in this application and any attachments hereto are made in good faith and are true, complete, and correct to the best of my knowledge and belief, and that this information may be used for the purpose of processing my employment application and information.

☐ Yes, I so certify.

Signature:

Type or sign your complete name below as a signature to this application, attesting to the truth of the statements contained herein:

Name: _____ Date: _____

Submission of this application may be done by mail or by email:

By mail: *Mail a printed copy of your resume, cover letter, and this signed application to:*

Office of State Public Defender
Attn: Jane Duncan
Woodrail Centre, Bldg 7, Suite 100
1000 W. Nifong
Columbia, MO 65203

By email: *Attach your resume, cover letter, and this application to an e-mail and send it to Director.Application@mspd.mo.gov.*

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