**INDIANA PUBLIC DEFENDER COUNCIL**

**Membership Information Form**

**Fax to 317-232-5524, email** to[**pdchelpdesk@pdc.in.gov**](mailto:pdchelpdesk@pdc.in.gov)**, or mail to IPDC, 309 W Washington St, Ste 401, Indianapolis, IN 46204**

**I certify that I meet the IPDC membership requirements as defined by IC 33-40-4-2:**

\_\_\_\_ salaried public defender ( \_\_\_ full-time; \_\_\_ part-time)

\_\_\_\_ contractual public defender

\_\_\_\_ appointed to represent indigent defendants pursuant to a uniform system of periodic appointments

\_\_\_\_ on the list maintained by the Public Defender Commission of attorneys qualified to be appointed in a capital case under Criminal Rule 24 and is willing to accept such an appointments

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please include previous name if recently changed)

Attorney No. **(*REQUIRED*)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Name/Organization and Address:

Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I provide indigent defense representation in the following counties and courts (if more than three courts (counties), please indicate on an additional sheet of paper):**

|  |  |  |
| --- | --- | --- |
| County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_Circuit/\_\_\_\_Superior | \_\_\_\_Circuit/\_\_\_\_Superior | \_\_\_\_Circuit/\_\_\_\_Superior |
| Ct. # or Name\_\_\_\_\_\_\_\_\_\_ | Ct. # or Name\_\_\_\_\_\_\_\_\_\_ | Ct. # or Name\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| \_\_\_ Murder  \_\_\_ Felony 1 thru 4 | \_\_\_ Murder  \_\_\_ Felony 1 thru 4 | \_\_\_ Murder  \_\_\_ Felony 1 thru 4 |
| \_\_\_ Felony 5 | \_\_\_ Felony 5 | \_\_\_ Felony 5 |
| \_\_\_ Felony 6 | \_\_\_ Felony 6 | \_\_\_ Felony 6 |
| \_\_\_ Misdemeanor | \_\_\_ Misdemeanor | \_\_\_ Misdemeanor |
| \_\_\_ Juvenile Delinquency | \_\_\_ Juvenile Delinquency | \_\_\_ Juvenile Delinquency |
| \_\_\_ CHINS / TPR | \_\_\_ CHINS / TPR | \_\_\_ CHINS / TPR |
| \_\_\_ Death Penalty | \_\_\_ Death Penalty | \_\_\_ Death Penalty |
| \_\_\_ Child Support / Contempt | \_\_\_ Child Support / Contempt | \_\_\_ Child Support / Contempt |
| \_\_\_ Mental Health | \_\_\_ Mental Health | \_\_\_ Mental Health |
| \_\_\_ Appeals | \_\_\_ Appeals | \_\_\_ Appeals |
| \_\_\_ PCR | \_\_\_ PCR | \_\_\_ PCR |

\_\_\_ I work in a Problem-Solving Court

(type of court)

**If I cease to meet IPDC membership requirements, I will notify IPDC immediately.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_