



State of Indiana
Public Defender Commission

TRAINING IN DEFENSE OF CAPITAL CASES

Please submit this form to the Commission each time you complete specialized training in the defense of capital cases.

Name: _____ Attorney No.: _____

Date Admitted to Indiana Bar: _____

Business Address: _____

County: _____

Telephone: Office _____ Home _____

Facsimile _____

Email _____

I have completed the following training in the defense of capital cases as required by C.R. 24:

Seminar Title	Sponsor	Location	Date	Hours

Yes _____ No _____ The Indiana Public Defender Commission has my permission to include me on their website as qualified to take capital cases

Signature: _____

Date: _____

Return to: Indiana Public Defender Commission
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 Telephone (317) 233-6908
 information@pdcom.in.gov