

<b>COURT:</b>	○ <b>CITY OF:</b>
○ Superior	_____
○ District	○ <b>COUNTY OF:</b>
○ Juvenile	_____
○ Municipal	<b>STATE OF WASHINGTON</b>

**CERTIFICATION OF APPOINTED COUNSEL OF COMPLIANCE WITH STANDARDS REQUIRED BY CrR 3.1 / CrRLJ 3.1 / JuCR 9.2**

**CERTIFICATION BY:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
WSBA#

**QUARTER:** 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

**CALENDAR YEAR:** \_\_\_\_\_

Administrative Filing

**Certification for:**

\_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

The undersigned attorney hereby certifies:

1. I am familiar with the Standards for Indigent Defense adopted by the Supreme Court which apply to attorneys appointed to represent indigent clients.:
2. I file certification forms in each court in which I provide indigent defense representation.
3. Approximately \_\_\_% of my total practice time is devoted to indigent defense cases.

Approximately \_\_\_% of my total practice time is devoted to indigent defense cases in this court.

4. I am appointed in other courts to provide indigent defense representation. My practice time in each is approximately as follows:

\_\_\_ Not Applicable

\_\_\_\_\_ Court of \_\_\_\_\_ . Total practice: \_\_\_%

\_\_\_\_\_ Court of \_\_\_\_\_ . Total practice: \_\_\_%

\_\_\_\_\_ Court of \_\_\_\_\_ . Total practice: \_\_\_%

5. **Caseload:** I limit the number of cases and mix of case types to the caseload limits required by Standards 3.2, 3.3 and 3.4. My caseload is prorated to the percentage of my practice devoted to indigent defense.
6. **Qualifications:** I meet the minimum basic professional qualifications in Standard 14.1. I am familiar with the specific case qualifications in Standard 14.2 and accept appointment as lead counsel only when I meet the qualifications for that case.
7. **Office:** I have access to an office that accommodates confidential meetings, a postal address, and adequate telephone and communication services as required by Standard 5.2.
8. **Investigators:** I have investigators available to me and use investigative services as appropriate, as required by Standard 6.1.

\_\_\_\_\_  
*Attorney Signature*

\_\_\_\_\_  
*WSBA#*

\_\_\_\_\_  
*Date*