## STATE OF CONNECTICUT DIVISION OF PUBLIC DEFENDER SERVICES ATTORNEY QUESTIONNAIRE

Date:
Name:
Address:
Phone:
1. If you are currently practicing law, describe the general character of your practice and also describe any legal specialties you possess. (If needed, use additional sheet of paper and attach to questionnaire.)
2. Do you regularly appear in Court? Yes No
3. What percentage of your appearances are:
a. Federal Courts:% b. State Courts:% c. Other Forums:%
4. What percentage of your litigation is:
a. Civil:% b. Criminal:%
5. Approximately how many criminal cases have you handled as counsel of record?
6. State the number of jury cases you have tried to verdict and court trials to judgment during your career, indicating whether you were sole associate or chief counsel.

	tions if the cases we	nificant litigated matters which you have handled ere reported. (If needed use additional sheets of paper
wherein the legal	representation provi	a legal proceeding, in any state or federal court, ided by you was at issue? (Do not include Habeas assistance of counsel.)
No of paper if needed	Yesl and attach to questi	(If yes, provide detail and use additional sheet ionnaire.)
•	been the subject of y state or federal cou	a finding of ineffective assistance of counsel in a Habeas Corpus art?
No(If yes, please pro		additional sheet of paper if needed and attach.)
any Court, Admi	inistrative Agency, nclude any instance n if the initial comp	d or cited for a breach of ethics or unprofessional conduct by Bar Association, Disciplinary Committee, or other professional e wherein probable case was found that you were guilty of plaint was subsequently dismissed.
If yes, provide de	etail on additional s	heet of paper if needed and attach.)

11. List any significant criminal practice and trial advocacy training programs or seminars that you have attended.
12. Provide the names of six (6) lawyers (other than state's attorneys) and/or judges who know you and your work and who may be interviewed relative to your qualifications as a lawyer. Please include addresses and telephone numbers.
13. Indicate the periods of your military service (if applicable) including the dates, and the branch in which you served, your rank and the type of discharge received.
By:(Signature and Date)