

GEORGIA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS
P.O. BOX 68 • Decatur, GA 30031 • 404-248-1777

Instructions for applying to the 18th Annual Bill Daniel Trial Advocacy Program 4-7 October, 2017

The application deadline is 1 July and your GACDL dues must be current in order to be accepted to this program.

Dear GACDL Member,

Please read this letter before completing your application. This letter provides important information about properly submitting your application. If your application is not submitted properly, you will not be considered for this program.

This program is designed for GACDL members with limited trial experience. The training will feature an outstanding and truly dedicated faculty of criminal defense practitioners who donate their time to this program. This year's faculty includes: Ramon Alvarado, LaToya Bell, Wes Bryant, Angie Coggins, Sam Dennis, Pete Donaldson, Frank Hogue, Laura Hogue, Jim Jenkins, Bob Rubin, Jason Sheffield, Natasha Silas, Gary Spencer, Ryan Swingle, Sandy Wallack, and Brett Willis. This program provides approximately 22 hours of hands-on instruction and important trial practice materials.

Because GCDLEF scholarships pay for the majority of this program, GACDL offers this program at a substantially reduced fee. Included in this program is a three night stay at the UGA Hotel and Conference Center (not optional), lunches and breakfasts during the program, and other social events. **Attendance for the entire program is mandatory.**

Your application must be submitted by mail and you will also need to include **two separate checks payable to GACDL**; one in the amount of \$350.00 and the other in the amount of \$900.00. The fee for this program is \$350.00 and we require the additional \$900.00 check as insurance for your commitment to this program. There are no full scholarships available for this program. If you are accepted to this program, your \$350.00 check will be deposited during the week of **18 July**, and your \$900.00 check will be returned to you at check-out from this program **provided that you have attended and participated throughout this program**. If you are not accepted to this program during the first round of acceptances, you will be placed on the wait list and both of your checks will be returned to you during the week of 10 October. We keep your checks in case someone drops out of this program and you are thereafter accepted to this program.

GACDL is glad to invest in the future trial skills of its members; however, GACDL will deposit both of your checks if you are accepted into this program and:

- (1) Drop out of this program after **17 July**;
- (2) Do not show up for this program;
- (3) Miss any part of the program or are habitually late during the program;
- (4) Leave before this program concludes; or
- (5) Do not cause any property damage during your stay at the conference center.

There will be no refunds after **17 July** unless we are able to find another applicant to replace you. If you are accepted into this program and you learn that you are unable to attend, you are personally responsible for contacting Jennifer Mackall at GACDL.

If you are accepted to the program, **you must file a leave of absence for the program dates** within five days of your acceptance. This program will begin promptly at 11:00 AM on Wednesday, 4 October and end at approximately 2:30 PM on Saturday, 7 October.

Jill Travis, the program director, will be accepting 30 participants as determined by complete answers to the questions on your application. Applicants will receive notification of whether or not they have been accepted to this program the week of **17 July**. If any of your contact or employment information changes after you submit your application, you must contact Jennifer Mackall with your new information as soon as possible so that we may update your information.

If you want CLE hours for this program, there are additional fees. When you check out of the program on Saturday, you will pay GACDL for any CLE hours you want reported to the State Bar of Georgia. The cost is \$5.00 per hour. There are approximately 22 trial practice hours available. **If you want CLE hours you must pay for these on Saturday at check-out.** Your hours will be reported immediately following this program.

UGA is a tobacco-free facility.

Thank you for your interest in this program. Please call me if you have any questions: 404-248-1777.

Jennifer Mackall, Executive Director GACDL

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2017 BILL DANIEL TRIAL ADVOCACY PROGRAM APPLICATION

Incomplete applications will not be accepted. Please write an answer in each space below, using "N/A" if the question does not apply to you. This form uses tiny font so that it fits on two pages. Please type or write legibly.

1. PERSONAL INFORMATION:

Full Name: _____ Preferred first name: _____

Email: _____

Mailing address: (to send materials to you) Please circle if this address is: Home (or) Office

Other address: Please circle if this address is: Home (or) Office

City your office is located in: _____

Cell phone: _____ Fax number: _____

Work phone: _____ Bar number: _____

Home phone: _____

Emergency contact (name and best contact number): _____

Gender (circle one) M F

Member of GACDL since: _____

If your contact information changes at any time before the program begins, you must immediately call Jennifer Mackall to update your application.

2. COURTROOM EXPERIENCE:

Please be candid about your courtroom experience and do not exaggerate. Below list the number of trials/hearings you have as lead counsel. If you do not have any experience, please indicate that with a zero. If you have other significant courtroom experience when you did not serve as lead counsel, please provide this information in Section 5 of the application:

Felony jury _____ Felony non-jury _____

Misdemeanor jury _____ Misdemeanor non-jury _____

Civil jury _____ Civil non-jury _____

Contested hearings wherein witnesses testified _____

3. EMPLOYMENT:

Current employer: _____

Date of employment: _____

If public defender, list circuit: _____

Other than you, how many attorneys work in your office? _____

What percentage of your practice is devoted to indigent defense? _____

What CLE have you attended relating to criminal defense or trial practice? _____

List significant prior legal employment: _____

If you know that your employer will change before this program begins in October, please list that employer, and the number of attorneys in that office: _____

If you change employers at any time before the program begins, you must immediately call Jennifer Mackall to update your application.

4. EDUCATION:

Law school: _____ Year graduated: _____ Year admitted to bar: _____

While in law school, were you involved in a clinical program? _____ If so, please name: _____

Were you on any mock trial or moot court teams? _____ If so, please list: _____

5. MORE ABOUT YOU!

Briefly, describe the nature of your law practice including any civil work you do:

What are your goals for your practice? Please include why you have a criminal defense practice and your long term thoughts about this type of law practice.

What are you goals for this program?

Please list the four most important things you would like to learn from this program:

Please check all that apply:

_____ I was waitlisted for this program in 20_____.

_____ Please contact me about my special needs.

_____ I have severe food allergies. If so, please name:_____

_____ I have a severe medication allergy. If so, please name:_____

_____ I am vegetarian.

_____ I would like a single room (\$800.00 additional charge. Please send a separate check with application. Single rooms are limited and cannot be guaranteed. This check will be returned to you if a single room is not available.)

_____ I know the following applicants who have also applied for this program:_____

_____ I am closely acquainted with the following Bill Daniel faculty:_____

(See instructional letter for faculty names) State the nature of your relationship:_____

6. SIGNATURES:

I am not a full or part time prosecutor or full or part time judge.

(Signature required) _____

I agree to file a written request for a leave of absence for the program dates within five days of being accepted to the program.

(Signature required) _____

Signature of the person authorizing you to attend this program. (If you work in a public defender office or law firm that is not owned by you, this signature is required.) _____

Please mail this form along with two checks made payable to GACDL to the address above. One check for \$350.00 (program fee) and one check for \$900.00 (insurance for attendance). Please date the checks July 1, 2017. Information as to when these checks will be deposited or returned is in the instructional letter accompanying this application. Please include a third check for \$800.00 if you are requesting a single room. Single rooms may not be requested after students have been accepted to the program.