



**STATE OF RHODE ISLAND  
APPLICATION FOR  
COURT APPOINTMENT RECERTIFICATION**

Attorneys seeking renewal of their certification to panels for fee generating appointments must return this form to the Administrative Office of State Courts, c/o Seana Thibeault, 250 Benefit Street, Providence, RI 02903, before July 1, 2001. The information provided must demonstrate that the attorney has fulfilled the continuing legal education and other requirements to continue qualifying for appointment in the type(s) of case(s) indicated.

**Attorney ID#** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If payments will be made to your firm, complete the following:

**Firm Name:** \_\_\_\_\_ **Firm FIN:** \_\_\_\_\_

**Panels:**

Check the case panel(s) for which you are seeking to renew certification.

<u>Supreme</u>	<u>Superior</u>	<u>Family</u>	<u>District</u>	<u>Workers' Comp</u>
<input type="checkbox"/> Criminal Appeals	<input type="checkbox"/> Misdemeanor Appeals	<input type="checkbox"/> Wayward	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Pro Se
	<input type="checkbox"/> Class 2 Felony	<input type="checkbox"/> Delinquent	<input type="checkbox"/> Fines/Costs/Restitution	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Class 1 Felony	<input type="checkbox"/> Dependency/Neglect/Abuse		
	<input type="checkbox"/> Murder	<input type="checkbox"/> Termination		
	<input type="checkbox"/> Guardian/Personal Injury	<input type="checkbox"/> Parental Rights		
	<input type="checkbox"/> Guardian/Probate	<input type="checkbox"/> Waiver/Certification/		
	<input type="checkbox"/> Receiver/Trustee	<input type="checkbox"/> Jury Trials		
	<input type="checkbox"/> Commissioner Real Estate	<input type="checkbox"/> Guardian		
	<input type="checkbox"/> Title Attorney	<input type="checkbox"/> Commissioner Real Estate		
	<input type="checkbox"/> Guardian/Tax/Title	<input type="checkbox"/> Child/Spousal Support		
	<input type="checkbox"/> Soldiers/Sailors Act	<input type="checkbox"/> Adult Criminal		
	<input type="checkbox"/> Fines/Costs/Restitution			

**Affidavit:** \_\_\_\_\_ being first duly sworn deposes and says that the information in

this application is true. \_\_\_\_\_ **(Signature of Applicant)**

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

**My commission expires:** \_\_\_\_\_ **Notary Public**

**General Requirements:**

Certify that you continue to meet each of the following requirements for appointment by writing your initials in the blank and providing any other information required.

1. I am a member of the Rhode Island Bar in good standing. \_\_\_\_\_ (initial)
  2. I have legal malpractice insurance in a minimum amount of \$100,000 per claim--\$300,000 aggregate with a Rhode Island licensed carrier. \_\_\_\_\_ (initial) **A copy of the Policy Declaration sheet from your current professional liability policy must be attached!**
  3. When appointed in cases that involve the handling and managing of funds, I will acquire bonding by a surety bond in an amount equal to the total funds being managed. \_\_\_\_\_ (initial)
  4. I will serve as a mentor for attorneys seeking to qualify for court appointment. \_\_\_\_\_ (initial)
- Attorneys may be removed from a panel if they refuse to accept an appointment without good cause shown.
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**Continuing Legal Education Requirements:**

You must have completed the courses and credit hours required.

1. For **Supreme and Superior Courts** -- annual completion of **six** hours of CLE in criminal/civil law and procedure.
  2. For **District Court**--annual completion of **three** hours of CLE criminal law and procedure.
  3. For **Workers' Compensation and Family Courts**--annual completion of **three** hours of CLE in workers' compensation/family law and procedure with an emphasis on the specific area of appointment.
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***PLEASE NOTE: All MCLE credits submitted must be related to the panel(s) as a condition for recertification.***

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List the courses you have taken for recertification to each panel you have indicated. **Copies of your certificates of attendance for each course listed must be attached.**

Panel: \_\_\_\_\_ Total hours required: \_\_\_\_\_

1. _____	Date: _____	Credit hours: _____
2. _____	Date: _____	Credit hours: _____
3. _____	Date: _____	Credit hours: _____
4. _____	Date: _____	Credit hours: _____

Panel: \_\_\_\_\_ Total hours required: \_\_\_\_\_

1. _____	Date: _____	Credit hours: _____
2. _____	Date: _____	Credit hours: _____
3. _____	Date: _____	Credit hours: _____
4. _____	Date: _____	Credit hours: _____

Panel: \_\_\_\_\_ Total hours required: \_\_\_\_\_

1. _____	Date: _____	Credit hours: _____
2. _____	Date: _____	Credit hours: _____
3. _____	Date: _____	Credit hours: _____
4. _____	Date: _____	Credit hours: _____