

Special Skills/Interests:

If you believe you have special skills or knowledge which would make you more qualified to handle certain types of cases, please advise:

() Foreign Language Proficiency: _____

() Other: _____

Self-Certification:

() I believe that I am capable of handling any case to which I am appointed.

() I understand that I will be required to use the Court Appointed Counsel Request Form for payment of fees.

() I currently maintain a policy of professional liability insurance and will maintain such insurance throughout the duration of any appointments. I will provide to the Department a copy of my Certificate of Insurance upon request.

Attorney's Signature

Date

**This application is to provide representation in Commerce City Municipal Court.
Submit this application, cover letter, resume and at least three references to the following:**

Email: mkiesnowski@c3gov.com

Mail: Commerce City Municipal Court Administrator / 7887 E. 60th Ave, Commerce City, CO 80022