

Annual Proficiency Determination for OPD Contract Counsel

Contract Attorney Name: _____ Region(s): _____

Regional Deputy Public Defender(s): _____

Areas of Practice (check all that apply): DC DN DJ DG DI TK

CLE Affidavit Received and Reviewed: _____ by _____
Date Contract Manager or Designee

Court Appearance	<i>Dress / Attitude</i>	<i>Courtroom Presence</i>	<i>Preparedness</i>	<i>Timeliness</i>	<i>Substance of Argument</i>	<i>Grasp of Issues</i>	<i>Type of Case/Hearing/Trial/Initial Appearance/</i>
Excellent/Good							
Satisfactory							
Non-Satisfactory							
Unacceptable							

Please list any comments:

A. Comments from Client(s), if any:

_____.

B. Comments from Judges and/or Court Personnel, if any:

_____.

C. Comments from Regional office Personnel, RDPD, if any:

_____.

D. Comments from Central Office (billing, claim forms completed properly, claims submitted in timely manner...), if any:

_____.

The Office of the State Public Defender certifies that the above-named contract attorney is proficient in the following areas of practice: DC DN DJ DG DI TK

Date

Contract Manager or Designee

The Office of the State Public Defender certifies that the above-named contract attorney is NOT proficient in the following areas of practice: DC DN DJ DG DI TK

Date

Contract Manager or Designee

OPD recommends the following remedial action be completed within 90 days:

I agree OR I disagree with the above determination. I understand that if I disagree, I may file a written objection with the Chief Public Defender.

Date

Contract Attorney