

**FIRST JUDICIAL DISTRICT
DAKOTA COUNTY
FAMILY DIVISION**

COURT APPOINTED ATTORNEY QUALIFICATION AND AUTHORIZATION FORM

Attorney Name:

Name of Law Firm:

Office Address:

Office Phone Number:

Office Fax Number:

Attorney ID Number:

1. Malpractice Insurance Carrier:

Policy Number:

Limits:

2. Do you currently have 5 years-experience as a practicing attorney? Yes or No

List the dates of your legal practice in Minnesota: _____ to _____

3. Do you currently have 5 years-experience with Child Support Contempt cases? Yes or No

If yes, please include experience in attached resume.

4. Have you ever been a Court Appointed Attorney before? Yes or No

5. Explain briefly your interest and experience in the areas of family law:

6. Are you willing to be available for last minute, emergency contempt hearings? Yes or No

7. It may be necessary for you to interview people outside of your office. Therefore, please answer the following:

a. Are you a licensed driver in the State of Minnesota? Yes or No

b. Would you be using your own car? Yes or No

If yes, do you have liability and collision insurance for such vehicle? Yes or No

8. Dakota County is an eFiling County. Are you able to comply with eFiling requirements?

Yes or No

9. Are you currently under suspension or probation by the Minnesota Supreme Court? Yes or No

If yes, please explain:

10. Have you ever been under suspension or probation by the Minnesota Supreme Court?

Yes or No

If yes, please explain:

I authorize the Office of Lawyer's Professional Responsibility to disclose my public and private history to the Dakota County Court Administrator's Office. (NOTE: Each applicant must also complete the separate Authorization Form for the Lawyer's Professional Responsibility Board as the application is maintained by the Court).

Signature

Date