

**Becoming a Court-Appointed Attorney**

Any person charged before the municipal court who is financially unable to obtain counsel and who could be incarcerated if convicted of one or more of the violations with which charged may petition the court for court-appointed counsel.

If you are an attorney in good standing with the Colorado Bar Association and interested in representing indigent municipal court clients charged with jail eligible offenses, you may submit the application below for consideration.

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**Attorney's Application to Provide Legal Services as Court-Appointed Counsel**

*Note: If selected, the attorney's name will be placed on the Thornton Municipal Court's list of qualified appointees.*

Name: \_\_\_\_\_  
  First  Middle  Last

Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Fax: \_\_\_\_\_ Home #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Attorney Registration Number: \_\_\_\_\_

This application is to provide representation in Thornton Municipal Court. (Attach resume)

Has a malpractice suit ever been brought against you, have you been disciplined, or is any such action pending? If yes, please explain (attach additional sheets, as needed).

\_\_\_\_\_

\_\_\_\_\_

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Please provide any additional information about your qualifications and experience to help us evaluate your ability to provide high quality representation for parties to whom you would be appointed in relation to this application (attach additional sheets, as needed).

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**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 for payment of fees form.
- ( ) 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.

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\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

**Submit this application and resume to one of the following:**

Email: [TMCcontact@ThorntonCO.gov](mailto:TMCcontact@ThorntonCO.gov)

Fax: 720-977-5450

Mail: 9551 Civic Center Drive, Thornton, CO 80229