

FIFTH JUDICIAL DISTRICT
Court-Appointed Counsel Questionnaire

Name: _____

Address: _____

Year Admitted to Practice: _____

I do not wish to take court appointments.

I will accept court appointments in the following counties:

- | | | |
|---------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Boone | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Saunders |
| <input type="checkbox"/> Butler | <input type="checkbox"/> Merrick | <input type="checkbox"/> Seward |
| <input type="checkbox"/> Colfax | <input type="checkbox"/> Nance | <input type="checkbox"/> York |
| <input type="checkbox"/> Platte | <input type="checkbox"/> Polk | |

I am qualified to handle the following types of cases:

- | | |
|--|---|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Misdemeanor | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Felony, Class IV | <input type="checkbox"/> Contempt |
| <input type="checkbox"/> Felony, Class III | <input type="checkbox"/> Guardian ad Litem |
| <input type="checkbox"/> Felony, Class II | |
| <input type="checkbox"/> Felony, Class I | <input type="checkbox"/> Guardian/Conservator GAL |
| <input type="checkbox"/> Juvenile | |

Law Violation

COMMENTS: _____

Termination

Neglect/Abuse

Guardian ad Litem

Required training has been completed

Bridge to Independence

Required training has been completed

Signature