CERTIFICATE

To the Idaho State Public Defense Commission:

_____**(Initial)** 1. I authorize all persons, firms, officers, corporations, organizations, associations (including Bar Associations of other jurisdictions) State or Federal agencies and institutions to furnish to the Public Defense Commission and its staff ("Commission") and any of its representatives, all relevant documents, records or other information that may be requested in investigation of this continuing eligibility form.

_____**(Initial)** 2. I authorize the Commission and any of its representatives to consult with any persons who may have information relating to my professional qualifications, credentials or character, ethics, behavior, or any other matter reasonably bearing on the criteria for initial and continued review of my qualifications to serve as capital counsel. I further agree that all information received by the Commission and any of its representatives shall be treated confidentially and that I have no right of access to information received by the Commission and any of its representatives from third parties. I specifically waive any right to review any reference or other evaluations made to the Commission and any of its representatives, whether solicited by the Commission and any of its representatives or me. In addition, I agree not to seek discovery of such references and evaluations, formally or informally, in any legal proceeding or otherwise.

_____**(Initial)** 3. I release, discharge and exonerate the Commission and its members, agents and representatives, and any person furnishing information and evaluations to them, from any and all liability of every nature and kind arising from the investigation and evaluations of my continuing eligibility form.

I,_____, being first duly sworn, state that:

I am the applicant who has signed this continuing eligibility form for the placement of my name on the roster of defending attorneys who have been determined to be qualified to represent indigent defendants in capital cases maintained by the Commission in accordance with Public Defense Rules promulgated by the Commission. By signing this continuing eligibility form, I certify that I have fulfilled the requirements of said rule for placement on the Capital Defending Attorney Roster in the category under which I have applied. If I have not completed required training, I certify I will attend a Commission-approved capital trial training program prior to approval. I further certify that I am familiar with and agree to comply with Public Defense Rules, and that I am familiar with and will utilize the performance standards in the current American Bar Association Guidelines for the Appointment and Performance of Defense Counsel in Death Penalty Cases and Supplementary Guidelines for the Mitigation Function of Defense Teams in Death Penalty Cases.

I fully realize that the determination as to whether I am placed on the Capital Defending Attorney Roster depends on my demonstrated qualifications to provide effective counsel to indigent defendants in capital cases and the truth and completeness of my answers as set forth in this continuing eligibility form and any statements attached. To my knowledge, the answers and information which I have supplied in connection with this continuing eligibility form are true and complete. I understand the Commission may require me to provide additional information in support of my continuing eligibility form.

Applicant's Signature _____

Date _____

[Notary Certificate on next page]