

NCDC Trial Practice Institute 2010

Office Application

Please read the Office Manual before completing this application.
Call us at 478/746-4151 for a copy if you need one.

June session: June 13-26, 2010
July session: July 18-31, 2010

Contact Information

Date completed: _____
Office/Agency Name: _____
Mailing address: _____
City/State/Zip: _____
Bookkeeping Contact: _____ Phone: _____
Attorney Contact: _____ Phone: _____
Fax: _____ E-mail: _____

Applicants' Information (Please rank in order of preference)

Applicants' Names

Ranked in order of preference

Not ranked

Session Desired Roomtype

1. _____	<input type="checkbox"/> June <input type="checkbox"/> July	<input type="checkbox"/> Single <input type="checkbox"/> Double
2. _____	<input type="checkbox"/> June <input type="checkbox"/> July	<input type="checkbox"/> Single <input type="checkbox"/> Double
3. _____	<input type="checkbox"/> June <input type="checkbox"/> July	<input type="checkbox"/> Single <input type="checkbox"/> Double
4. _____	<input type="checkbox"/> June <input type="checkbox"/> July	<input type="checkbox"/> Single <input type="checkbox"/> Double
5. _____	<input type="checkbox"/> June <input type="checkbox"/> July	<input type="checkbox"/> Single <input type="checkbox"/> Double
6. _____	<input type="checkbox"/> June <input type="checkbox"/> July	<input type="checkbox"/> Single <input type="checkbox"/> Double

List additional applicants on a separate sheet. NOTE: Individual applications required for each participant. Please attach to this application if possible.

Special notes: _____

Selection Criteria

Total number of lawyers in your office: _____
Overall responsibility of office (e.g., all indigent felony defendants in 150,000 population).

Criteria you use to select lawyers to attend the College. _____

Does this office handle death penalty cases? yes no

Describe other training program used or conducted by this office. _____

Have others in the office attended NCDC (or NCCD/Houston)? yes no

If yes, please list names and scholarship amounts (if any), starting with most recent.

a. _____	\$ _____	d. _____	\$ _____
b. _____	\$ _____	e. _____	\$ _____
c. _____	\$ _____	f. _____	\$ _____

(Please list additional names & amounts on separate sheet of paper)

What techniques have you used or do you plan to use to disseminate NCDC training techniques to those in the office not attending the program?

Give salary range of applicants. _____

On separate sheet, describe the organization of the office and source of funding. Explain in detail why financial assistance is needed.

What portion of expenses will your office pay for your participants?

- full tuition (\$1500.00)
- double room housing (\$550.00)
- single room housing (\$1,100.00) (not available for scholarship recipients)
- none (If none, please explain why on a separate sheet.)

Please note any special needs your office has for billing purposes (e.g., separate billing for each session). Otherwise, we will send each participant an individual invoice, and s/he will be responsible for getting it to the bookkeeper.

The admissions process for both sessions will begin on March 15. At least by the beginning of May, acceptance letters will be sent to successful *applicants* along with a postcard to be returned by the applicant. Upon our receipt of that confirming postcard, a registration will be considered firm. We must also receive a travel card listing each participant's travel details.

Substitutions may be made where necessary, but must be approved by NCDC. Cancellations will be accepted until June 1, 2010, for the June session and July 1, 2010, for the July session. Fees (less deposit) will be refunded for cancellations received prior to the above dates. After those dates, full tuition will be charged if the space cannot be filled from the waiting list. In the case of housing fees, for late cancellations, any charges actually incurred on behalf of a participant will be passed on to that participant.

Please remember to attach each individual application to this office application (or send them in as soon as possible). **DEADLINE: March 1, 2010 for waived fees; March 15, 2010 with \$25 fee for each applicant (see Office Manual).**

I agree on behalf of this office to be bound by the policies described herein and in the Office Manual.

Signature

Date signed

Please return to:

NCDC, c/o Mercer Law School, Macon, GA 31207 FAX: 478/743-0160.

Scholarship applications

(Complete this section only if applying for scholarship).

Billing

Admissions

Substitutions and Cancellations

Attachments