



# Office of Executive Clemency

## Clemency Counsel Appointment

Please provide the following information to be on the list for Capital Clemency Counsel appointment. This application must be completed in its entirety if you wish to be considered for appointment to represent an inmate on death row during the clemency review process.

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### Applicant Information

(As it appears on your Florida Bar Membership)

Last Name	First Name	Middle Initial	FL Bar #
Street Address			Apartment/Unit #
City		State	Zip Code
Phone number	Cell number	Fax number	
E-mail address			

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### Please Check the Following That Apply:

I am a member in good standing with the Florida Bar.

I have read the qualifications herein and agree to these qualifications.

I am familiar with the fees, costs and expense provisions set by law, including the fee limitations prescribed in § 940.031, Fla. Stat.

I will not solicit compensation from the inmate I am appointed to represent.

I will notify the Clemency Coordinator of any formal complaint filed by the Florida Bar against me, any non-confidential agreements entered into between myself and The Florida Bar, and any claim of ineffective assistance of counsel that has been set for a hearing before a judge or magistrate.

I agree to be readily accessible to the inmate and to meet the inmate in person, prepare for and attend the Clemency interview before the Florida Commission on Offender Review at death row, file a clemency petition on behalf of the inmate, and attend a clemency hearing before the Governor and Cabinet, if scheduled.

I am familiar with the Rules of Executive Clemency, including Rule 15 as it relates to Commutation of Death Sentences, and I will adhere to the Rules.

I will cooperate and abide by the contract entered into between the Florida Commission on Offender Review and me for performance of services under this agreement.

I agree to continue representing the inmate until my services are no longer required by the Board of Executive Clemency.

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## Disclaimer and Signature

I certify that the answers given herein are true and complete. I understand that false or misleading information given in my application or omission of information requested will be grounds for refusal of appointment or dismissal.

Signature

FL Bar #

Date

Your completed application and resume must be received in the Coordinator's office no later than July 31, 2018. Applications received after July 31, 2018 will be reviewed and processed on a bi-annual basis. Please submit this application to the following location:

Julie McCall  
Office of Executive Clemency  
4070 Esplande Way  
Tallahassee, Florida 32399