

THE STATE OF SOUTH CAROLINA
In the Supreme Court

APPLICATION FOR CERTIFICATION AS LEAD COUNSEL FOR DEATH PENALTY DEFENSE

Name: _____

Address: _____

South Carolina Bar Number: _____

I certify that I have been a licensed attorney for five years and have three years experience in the actual trial of felony cases.

Date

Signature

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public for: _____
My Commission Expires: _____

Approved

Disapproved

Patricia A. Howard, Clerk

Date: _____