

**CAPITAL CASE  
C.J.A. PANEL CERTIFICATION FORM**

**JUNE 30, \_\_\_\_\_ to JUNE 30, \_\_\_\_\_**

I hereby certify that, for the twelve-month period of time shown above, I have met the requirements for continued membership on the C.J.A. Capital Case panel for the Eastern District of Arkansas: namely, I have completed at least six (6) hours of specialized criminal C.L.E., and have maintained certification through the Arkansas Public Defender Commission for appointment in capital cases.

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Name (Printed or Typed)

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Signature