

PUBLIC SERVICE PROGRAMS APPLICATION

SECTION 1: INFORMATION AND REQUIREMENTS

1. **Program Criteria:** Programs designated as for “budgeted public service programs” are advocacy training programs that are specifically tailored for attorneys or advocates who serve indigent or disadvantaged populations, including: legal aid, child advocacy, tribal court, criminal law, and domestic violence.
2. Public agency lawyers who work in these areas would be eligible to attend the program automatically.
3. Private practice lawyers who work in these areas are eligible if at least 50% of their practice is devoted to providing legal services for clients who are indigent and unable to secure fee-based legal representation. (Court-appointed work in these subject areas would be included in the 50% qualification.)
4. NITA will continue to provide individual need-based scholarships to public programs for attorneys who work in these areas.
5. **Applicant responsibilities:** In order to be eligible to receive full NITA sponsorship for a public service trial advocacy training program the applicant must guarantee the ability to provide the following:
 - a. The physical training facility for the program with sufficient space and break out rooms to accommodate the agreed upon number of program participants and faculty;
 - b. Applicant may be required to provide an agreed upon number of volunteer faculty who will undergo teacher training to assist the NITA faculty;
 - c. Any costs and services required to register the program for Continuing Legal Education (CLE) accreditation in the state where the training is to be held as well as additional state CLE applications for participant/faculty members registered for the program.
 - d. With the assistance of NITA, the applicant is responsible for marketing the program to the participants that the applicant seeks to enroll in the training.
 - e. The applicant may have to provide on site administrative assistance at the program for registration, CLE and other duties.

NOTE: NITA reserves the right to charge a nominal fee to cover the cost of applicants who fail to attend the program.



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SECTION 2: APPLICANT FORM: To be completed by the applicant

Contact Name: _____ Today's Date: _____

Organization Name: _____

E-Mail: _____ Phone: () _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Anticipated number of attorneys to be trained: _____

Preferred program dates: _____

Training site description: _____

This program qualifies for Public service budgeted funds from NITA for the following reasons:
 We are requesting an advocacy training program that is specifically tailored for attorneys or advocates who serve indigent or disadvantaged populations, including: legal aid, child advocacy, tribal court, criminal law, and domestic violence, **AND**
 The participants are lawyers from a public agency doing work in these areas, **OR**
 The participants are lawyers in private practice who work in these areas and devote at least 50% of their practice to providing legal services for clients who are indigent and unable to secure fee-based legal representation. Court-appointed work in these subject areas would be included in the 50% qualification.

Please provide a brief description of the reason for your training program and the reasons you are seeking full NITA sponsorship.

Program Requested:
 3 day basic trial skills (no final trial)
 3+ day basic trial skills (no final trial)
 3 day basic deposition skills

Other Skills, indicated below
 Child Advocacy
 Criminal
 Motions
 Appellate
 Supervisory skills
 Negotiation
 Mediation
 Expert Witnesses

Describe participants to be trained:
 LSC funded
 Public Agency
 Private not-for-profit agency
 Private pro bono panel
 Tribal funded
 Other, please describe: _____

The undersigned, on behalf of the applicant, has read the Instructions and Requirements for NITA Public Service Budgeted Programs and certifies that this requested program meets the criteria listed, and hereby guarantees that the applicant can perform all of the responsibilities listed in paragraph 5) above and the above information is correct.

Signature _____ Title _____ Date _____