

SUSTAINING MEMBERSHIP REQUEST FOR CONSIDERATION

Please print out this form and mail or fax to the address or fax number below.

National College for DUI Defense, Inc.

445 S. Decatur St.
Montgomery, AL 36104
Tel: 334-264-1950
Fax: 334-264-1920

1. Name _____
Business Address _____
City/State/Zip _____
Telephone _____ Facsimile _____
Bar Number/State _____
E-Mail Address _____
Website _____
Would you like to be added to the NCDD Yahoo Groups Listserver? Yes _____ No _____
Email for NCDD Office and NCDD Website: _____
Email for NCDD Yahoo Groups Listserver: _____ (if different from above)
2. Number of years in law practice: _____
3. % of business in DUI defense: _____
4. Are jury trials available in your state? Yes _____ No _____
5. Approximate number of DUI/DWI jury trials you have handled:
_____ Fewer than 10 _____ 11 to 30 _____ 31 or more
6. Approximate number of DUI/DWI non-jury trials you have handled:
_____ Fewer than 10 _____ 11 to 30 _____ 31 or more
7. Have you ever been arrested, prosecuted, convicted or received a “deferred” or “diverted” disposition on any charge involving drug/substance/alcohol use or abuse?
Yes _____ No _____ If “yes”, please explain: _____

8. Have you ever had a complaint/charge made against you by your State Bar Association or licensing authority arising from drug/substance/alcohol use or abuse?
Yes _____ No _____ If “yes”, please explain: _____

9. Have you ever been convicted or received a “deferred” or “diverted” disposition of any crime involving moral turpitude?
Yes _____ No _____ If “yes”, please explain: _____

10. Has your Bar Association or licensing authority conducted any investigation or inquiry based upon complaints, have you ever been subject to disciplinary action by your bar association or licensing authority, or has your license to practice law ever been suspended for any period of time?

Yes ___ No ___ If "yes", please explain: _____

11. Are you presently serving, in any capacity, (either part time or full time in law enforcement or prosecution agencies (Example, reserve deputy or municipal prosecutor)?

Yes ___ No ___ If "yes", please explain: _____

12. I understand that any future service in any branch of law enforcement or prosecution of state, province, county district or municipal ordinances/statutes requires my immediate disclosure to NCDD and termination of my membership.

Yes ___ No ___

14. I have substantial current involvement in the practice area of DUI/DWI defense and I understand that as a condition of continued membership I must continue to have substantial involvement, including attendance at one (or more) seminars every two (2) years either sponsored by NCDD or at a State/local seminar approved by NCDD.

Yes ___ No ___ If "yes", please list seminar(s) and date(s): _____

I have read the general membership rules, and I understand and agree to be bound by them. I declare that the foregoing two (2) pages are true and correct to the best of my knowledge.

Executed at _____, this ___ day of _____, 20___.

Signature

Printed Name: _____

___ Enclosed find a check for \$3500.00 made payable to: The National College for DUI Defense, Inc.

OR

Charge \$3500.00 membership fee to my:

Visa #: _____ Exp. Date _____ CVC _____

MasterCard #: _____ Exp. Date _____ CVC _____

Amer. Express #: _____ Exp. Date _____ CVC _____

Signature (for credit cards only) _____

Billing Address for Credit Card:

You must get 4 references from an attorney or Judge and must get a Regent or Fellow sponsor.

SUSTAINING MEMBERSHIP REFERENCE FORM

RETURN THIS COMPLETED FORM TO:
The National College for DUI Defense, Inc.

445 S. Decatur St.
Montgomery, AL 36104
Tel: 334-264-1950
Fax: 334-264-1920

REFERENCE: Name _____ Position _____ Address _____ Phone Number (_____) _____
APPLICANT: Name _____ Address _____ Phone Number (_____) _____ City _____ State _____

TO THE APPLICANT: Please fill in the portion of this form above the line. Type the name and mailing address of each judge and attorney reference. (Complete on form for each.) Type your full name and address. Also, complete the release form on the back of this request form.

TO THE REFERENCE: Please complete and return this form within ten (10) days of the above mailing date. The above named individual has applied for a **SUSTAINING MEMBERSHIP** with the National College for DUI Defense, Inc. and listed you as reference. The applicant has authorized an investigation into his/her background and has authorization that all sources having control of records pertaining to him/her cooperate with the National College in making such information available and has released any privilege pertaining to the furnishing of such information to the National College. A copy of applicant's Authorization and Release form is attached. Information furnished will be held confidential as provided in the Rules governing, SUSTAINING MEMBERSHIP as adopted and approved by the National College for DUI Defense, Inc. Your assistance is greatly appreciated. PLEASE REPLY IMMEDIATELY, AS DELAYS MAY PREVENT THE TIMELY PROCESSING OF THE APPLICANTS APPLICATION.

1) Name _____ Judge/Attorney(circle one)
(If you are an attorney please list when and where you were admitted to practice.) _____

2) Dates the above named applicant has practiced law before you / or you have been familiar with practice.
FROM _____ TO _____

3) From your knowledge of the applicant how would you rate this attorney's competence / diligence in the defense of persons accused of Driving Under The Influence.
_____ Superior _____ Above Average _____ Average _____ Fair _____ Poor

4) From your knowledge, what percentage of the applicant's practice is devoted to defense of persons accused of Driving Under The Influence. _____%

TO YOUR KNOWLEDGE HAS THE ABOVE NAMED APPLICANT EVER BEEN: (Please check YES or NO. For any "YES" answers, please explain below in "Personal Comments".)

- YES ___ NO ___ Terminated, suspended or otherwise disciplined while in the practice of law?
- YES ___ NO ___ Arrested for or been convicted of a criminal offense other than minor traffic offenses?
- YES ___ NO ___ Accused of violation of trust?
- YES ___ NO ___ Suspended, expelled, or disciplined by any state, local, or federal bar?
- YES ___ NO ___ Excessively uses, addicted to, or treated for, the use of drugs, narcotics, or alcohol?
- YES ___ NO ___ Has, or suffers from, a disability which would impair the applicant's continued ability practice law?
- YES ___ NO ___ Been denied admission to the bar of any state?
- YES ___ NO ___ Been delinquent in any of his/her financial obligations?
- YES ___ NO ___ Do you have knowledge of any other information that would have a bearing upon whether or not this applicant has the proper character and fitness to become a sustaining member of the college?
- YES ___ NO ___ May we call you for follow up investigation?

PERSONAL COMMENTS: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

**THE NATIONAL COLLEGE FOR DUI DEFENSE, INC.
AUTHORIZATION AND RELEASE**

I, _____ having filed an application for a **SUSTAINING MEMBERSHIP** hereby authorize and give my consent to The National College for DUI Defense, Inc., hereby including its Membership Committee, (hereinafter collectively referred to as the "National College"), to conduct an investigation as to my moral character and fitness and to make inquiries and request such information from third parties as, in the sole discretion of the National College is necessary to such investigation. I further authorize the use of any such information in the course of the National College's, investigation and evaluation of my application for **SUSTAINING MEMBERSHIP**. I authorize and request every person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party having opinions about me or knowledge or control of any information, documents, records (including, but not limited to, criminal history, and record information), or data pertaining to me, to reveal, furnish and release to the National College, or any of its agents or representatives, and such opinions, knowledge, information, documents, records or other data. Without limiting the previously described authority, I specifically authorize the release of files of any professional association regarding all undergraduate, graduate or professional school records relating to my admission to, and conduct during my enrollment in such schools. I hereby authorized all such persons as set out above to answer any inquiries, questions, or interrogatories concerning me, which may be submitted to them by or on my behalf of the National College. I further waive absolutely any privileges I may have which re applicable to any documents or information sought from you pursuant to this authorization and release. Notwithstanding any statement herein to the contrary, this Authorization and Release shall not operate to release any medical or mental health records relating to alcohol, drug or chemical dependency. I hereby release, discharge and hold harmless the National College, its agents or representatives and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection, and the use of such options, knowledge, documents, records or other data. A photocopy of this authorization shall be accepted with the same validity as the original.

Date: _____

Signature of Applicant: _____