

GENERAL MEMBERSHIP APPLICATION FORM

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 _____
Address _____
City/State/Zip _____
Telephone _____ Facsimile _____
Bar Number/State _____
E-Mail Address _____
Website _____
Would you like to be added to the NCDD Yahoo Groups Listserv? Yes _____ No _____
Email for NCDD Office and NCDD Website: _____
Email for NCDD Yahoo Groups Listserv: _____ (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 criminal offense other than a minor traffic offense?
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; 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 duty 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 _____
13. I understand that as a condition of continued membership I must attend at least one seminar every two (2) years sponsored/co-sponsored by NCDD or a State seminar listed on the NCDD website.

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

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

 Printed Signature
 Name: _____

The dues are \$175 as stated, but if you join in the second, third or fourth quarter of the year, they are prorated to 150/\$100/\$50 respectively. Public Defender's dues are \$50 annually.

____ Enclosed find a check for \$175.00 for annual dues made payable to:

The National College for DUI Defense, Inc.

Charge \$175.00 annual dues to my:

____ Visa #: _____ Exp. Date _____
 ____ MasterCard #: _____ Exp. Date _____
 ____ Amer. Express #: _____ Exp. Date _____

Signature (for credit cards only)

Billing Address for Credit Card:

GENERAL MEMBERSHIP REFERENCE FORM

PLEASE GIVE THIS FORM TO YOUR REFERENCE AND HAVE THEM RETURN THE 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 GENERAL 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 required 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 applicants Authorization and Release form is attached. Information furnished will be held confidential as provided in the Rules Governing, GENERAL 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 _____
(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 applicants 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, suspense or otherwise disciplined while in the practice of law?
YES ___ NO ___ Arrested for or been convicted of a criminal offense other than minor Traffic offences?
YES ___ NO ___ Accused of violation of trust?
YES ___ NO ___ Suspended, expelled, or disciplined by any state, local, or Federal Bar.?
YES ___ NO ___ Excessive use of, 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 to 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 to any other information that would have a bearing upon whether or not this applicant has the proper character and fitness to become Board Certified?
YES ___ NO ___ May we call you for follow up investigation?

PERSONAL COMMENTS: _____

SIGNATURE: _____
TITLE _____
DATE: _____

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PERSONAL COMMENTS: _____

SIGNATURE: _____
TITLE _____
DATE: _____

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

PARTIES

APPLICANT - person applying for initial membership status or a present member applying for renewal of his or her membership status.

NCDD - The National College for DUI Defense, Inc.

ACKNOWLEDGEMENT

APPLICANT herein acknowledges that initial membership or renewal of membership is not automatically bestowed with payment of membership fees; (2) that the College endeavors to maintain among its membership attorneys of high ethical and moral character; and, (3) the entire membership benefits when each member maintains standards of reasonable conduct and character within his or her community and professional associations.

AUTHORIZE AND RELEASE

Applicant does by this document give consent for the NCDD to conduct an investigation into my character and fitness to be a member, and to make inquiries and request such information from third parties as, in the sole discretion of NCDD, may be necessary for such investigation. I further authorize the use of any and all such information in the course of the NCDD's investigation and evaluation of my application for general membership and annual renewal.

INITIAL MEMBERSHIP AND/OR RENEWAL

I authorize and request every person or entity, governmental or private, having opinions or knowledge about me, or control of any documents, information, or data pertaining to me, to furnish to the NCDD or its representative such opinions, knowledge, documents or data. Without limiting the previously described authority, I specifically authorize the release of records pertaining to my criminal history, files of any state or professional association regarding disciplinary proceedings and complaints against me, and records of educational institutions concerning me.

I hereby authorize all persons set out above to answer any inquiries from the NCDD concerning me, and I waive absolutely any privileges or privacy rights I may have which are applicable to any documents or information referred to above and sought 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 NCDD, its agents or representatives, and any person or entity and its agents or representatives, from any and all liability arising out of the furnishing or use of the opinions, knowledge, documents, records or other data released pursuant to this Authorization and Release.

A photocopy of this authorization shall be accepted with the same validity as the original.

Date: _____ **Signature of Applicant:** _____

Date: _____ Witness: _____