**Application Form**

**Admission to the List(s) of Counsel before the Kosovo Specialist Chambers**

Please complete this application form, print, sign it and send it scanned along with the other required documents to one of the following email addresses, depending on your choice of application(s):

Defence Office: [defenceoffice@scp-ks.org](mailto:defenceoffice@scp-ks.org)

Victims Participation Office: [vpo@scp-ks.org](mailto:vpo@scp-ks.org)

Applicants applying for both Lists should send their application in one email to both above-mentioned email addresses.

For questions regarding this application form, please contact the Defence Office or the Victims’ Participation Office by email at the above-mentioned email addresses.

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| **1. APPLICATION FOR:**   |  | | --- | | **Please choose one or both Lists and indicate whether you apply as Counsel or, if you have less than 10 years of relevant experience but more than 7 years, as Co-Counsel:**  **List of Specialist Counsel**   **Counsel**  **Co-Counsel**  **List of Victims’ Counsel**   **Counsel**  **Co-Counsel** |   **2. PERSONAL INFORMATION**   |  |  |  |  | | --- | --- | --- | --- | | Last name |  | First name |  | | Date of birth | (dd/mm/yyyy) | Country of birth |  | | Passport No. |  | Gender | Male  Female | | Nationality of passport |  | Other nationality/ies |  |   **3. CONTACT DETAILS**   |  |  |  |  | | --- | --- | --- | --- | | **Home country address** | | | | | Street, House Number | | | Zip/postal Code | | Town/city | County/State/Province | | Country | | Telephone No. | Mobile No. | Email address | | | **Alternative/current contact details** | | | | | Street | | | Zip/postal code | | Town/city | County/State/Province | | Country | | Telephone No. | Mobile No. | Email address | | | **Address of the applicant’s law firm / the law firm you are associated with, insofar as applicable** | | | | | Street, House Number | | | Zip/postal Code | | Town/city | County/State/Province | | Country | | Telephone No. | Mobile No. | Email address | |   **4. EDUCATION AND PROFESSIONAL TRAINING**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **University education** | | | | | | Name of institution / university, place and country | Degrees/qualifications obtained  (Title of qualification awarded) | Main course/field of study | From: | To: | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **Other relevant courses/trainings** | | | | | | Name institution | Place and country | Course title | From: | To: | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |

**5. WORK EXPERIENCE AS A LAWYER IN CRIMINAL PROCEEDINGS (Please indicate name of Firm/Chambers, if applicable)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current/most recent** | | | Currently Lawyer: Yes  No | | |
| Organisation/Law Firm  (Please provide website as well, if applicable): | Place and country | Job title | | Date (mm/yyyy) | |
|  |  |  | | From: | To: |
|  |  |  | |  |  |
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|  |  |  | |  |  |
| Cases and field of law (national criminal law/international criminal law). Specify your competence and experience in criminal proceedings (please, if possible/ applicable, list cases or type of cases and, if applicable, supervisor): | | | | | |

**6. WORK EXPERIENCE AS A PROSECUTOR / JUDGE / JURIST IN CRIMINAL PROCEEDINGS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Current/most recent** | | | | Current: Yes  No | | |
| Organisation/Institution | Place and country | | Job title | | Date (mm/yyyy) | |
| From: | To: |
|  |  | |  | |  |  |
| Cases and field of law (national criminal law/international criminal law). Specify your competence and experience in criminal proceedings (please, if possible/ applicable, list cases or type of cases): | | | | | | |
| If applicable, supervisor’s/manager’s name | | Email       Phone No. | | | | |

**7. OTHER CURRENT AND/OR PREVIOUS POSITIONS (INCLUDING HONOURABLE/UNPAID POSITIONS)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Previous position** (**1)** | | | | | | |
| Organisation/Institution | Place and country | | Job title | | Date (mm/yyyy) | |
| From: | To: |
|  |  | |  | |  |  |
| Cases and areas of (national criminal law/international criminal law). Specify your competence and experience in criminal proceedings: | | | | | | |
| Supervisor’s/manager’s name: | | Email: | | Phone No.: | | |
| **Previous position (2)** | | | | | | |
| Organisation/Institution | Place and country | | Job title | | Date (mm/yyyy) | |
| From: | To: |
|  |  | |  | |  |  |
| Cases and areas of (national criminal law/international criminal law). Specify your competence and experience in criminal proceedings: | | | | | | |
| Supervisor’s/manager’s name | | Email | | Phone No. | | |

**8. OTHER REQUIREMENTS**

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| --- | --- |
| **a. Admission to practice** | |
| 1. Are you currently a member of a domestic bar association or similar institution, or a judge or a prosecutor subject to an oversight authority?  If so, please indicate the full contact details of that institution:  If so, please indicate where and when you were admitted to the bar association or where and when did you become a judge or a prosecutor. | Yes  No |
| 2. Should you be appointed or assigned as Counsel before the Specialist Chambers, will you be able to continue your membership in the above-mentioned bar association or similar institution, or will you continue to fall under the realm of the oversight authority where you currently serve as a judge or a prosecutor?  If no, please explain: | Yes  No |
| 3. Are you currently admitted to a List of Counsel before any of the international[ized] courts or ad hoc tribunals?  If so, where and when were you admitted? | Yes  No |

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| --- | --- | --- | --- | --- | --- |
| **b. Languages** (European level \*) | | | **Native language:** | | |
| Languages | Speak | Write | | Read | Understand |
| **Albanian** |  |  | |  |  |
| **Serbian** |  |  | |  |  |
| **English** |  |  | |  |  |
| **Other** |  |  | |  |  |
| **Other** |  |  | |  |  |

C1, C2 = Proficient; B1, B2 = Independent User; A1, A2 = Basic User; n/a = not applicable

(\*) [Common European Framework of References for Languages](http://www.coe.int/T/DG4/Portfolio?L=E&M=/main_pages/levels.html)

|  |  |
| --- | --- |
| **c. Criminal and/or disciplinary proceedings** | |
| 1. Have you ever been subject to a criminal investigation or prosecution (e.g. arrested, indicted, or summoned into court as a defendant in a criminal proceeding), or convicted, sentenced or imprisoned for violations of any law (excluding minor traffic violations?  If so, please provide full details of each case: | Yes  No |
| 2. Are you, or have you been, the subject of any disciplinary proceedings, investigations, inquiries in either a national or international jurisdiction?  If so, please provide full details of each case: | Yes  No |

**9. OTHER SKILLS AND ADDIITONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **a. Computer skills** | | | |
| Word processor |  | Financial software |  |
| Spreadsheets/Excel |  | Legal data management system If so, which: |  |

C = Proficient User; B = Independent User; A = Basic User; N/A

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| --- | --- |
| **b. Managerial skills and team work** | |
| Do you have any experience of working in a legal team? If so, in which capacity? Please provide details: |  |

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| **c. Please, add any other information that might be relevant, including any skills, knowledge and experience for which there was no space above.** |
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**10. FOR APPLICANTS TO THE LIST OF VICTIMS’ COUNSEL ONLY**

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| --- |
| If you apply for inclusion in the List of Victims’ Counsel, you should demonstrate at least five years of relevant experience at the national and/or international level of working on criminal cases involving victims, including vulnerable victims. Please provide details below: |
| **(**Please, if possible/ applicable, list cases or type of cases) |

**11. REFEREES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provide the names and addresses of two referees, who practise in the relevant fields and who are in the position to advise as to your professional competence in these fields:** | | | |
| Last name |  | First name |  |
| Address |  | Email  Phone No. |  |
| Please provide brief information on how the referee is familiar with your competence and experience in criminal proceedings: | | | |
| Last name |  | First name |  |
| Address |  | Email  Phone No. |  |
| Please provide information on how the referee is familiar with your competence and experience in criminal proceedings: | | | |

**12. STATEMENTS REQUIRED BY SECTION 6.2. OF THE DIRECTIVE ON COUNSEL**

|  |  |
| --- | --- |
| **Please read and answer carefully** | |
| Are you available to act as Counsel before the Kosovo Specialist Chambers?  If there are limitations to your availability, please specify: | Yes  No |
| Would you be willing to appear as a Duty Counsel?  If yes, please provide any additional details (period, country, region etc.) | Yes  No |
| **Applicant to the List of Specialist Counsel:** Would you be willing to act as assigned Counsel? (see for further details Section 14 of the Directive on Counsel) | Yes  No |
| **Applicant to the List of Specialist Counsel:** Would you be willing to act as appointed Counsel? (see for further details Section 13 of the Directive on Counsel) | Yes  No |
| **Applicant to the List of Victims’ Counsel:** Would you agree to represent a group of victims, if you were assigned as Victims’ Counsel? | Yes  No |

**13. FINAL QUESTION**

|  |  |
| --- | --- |
| **Please read and answer carefully** | |
| In the event that you are admitted to the List(s) of Counsel, would you object to your name being published, *inter alia*, on the Specialist Chambers’ website? | Yes  No |

**14. DECLARATIONS AND CERTIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| By submitting this application form, I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the Application Form could lead to exclusion from the List of Counsel or to disciplinary proceedings and may be reported to the national bar association or oversight authority I am currently associated with. | | | |
| By submitting this application form, I acknowledge that the Registry may inquire into all statements and supporting information that I provided. This may include making inquiries with third parties, such as the referees and supervisors mentioned in this application form with a view to verifying the information provided in order to decide whether I meet the requirements of Section 5 of the Directive on Counsel.  I have read and understood the privacy notice, which can be found [here](https://www.scp-ks.org/sites/default/files/public/privacynotice-listcounselapplicantspublic.docx). | | | |
| By submitting this application form, I accept that, upon admission to a List of Counsel, I am under the obligation to inform the Kosovo Specialist Chambers of any changes relevant to this application, as provided for in Section 9 of the Directive on Counsel, in particular:   * Changes to my availability, in particular my availability as Duty Counsel (see Point 12 of this form); * Change of membership in the current national bar association or termination of work as a judge or prosecutor subject to an oversight authority; * Changes of the contact details; * Information relevant to the initiation of any criminal, disciplinary or similar proceedings. | | | |
| Place | Date | Name | Signature |