



**Subject Matter Requirements and Qualification Statement  
Criminal Felony Panel**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In order to be referred matters on the Criminal Felony Panel, an attorney must be an attorney of record and have fully prepared for trial and handled to completion, three separate cases in the subject area within five years OR within the last five years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

Please complete the following trial information OR attach a copy of your CLE report, which reflects compliance with the above CLE requirements.

1. Name of Client, Title of Case: \_\_\_\_\_

Court: \_\_\_\_\_ County: \_\_\_\_\_

Description of work completed: \_\_\_\_\_  
\_\_\_\_\_

Judge: \_\_\_\_\_ Opposing Counsel: \_\_\_\_\_

2. Name of Client, Title of Case: \_\_\_\_\_

Court: \_\_\_\_\_ County: \_\_\_\_\_

Description of work completed: \_\_\_\_\_  
\_\_\_\_\_

Judge: \_\_\_\_\_ Opposing Counsel: \_\_\_\_\_

3. Name of Client, Title of Case: \_\_\_\_\_

Court: \_\_\_\_\_ County: \_\_\_\_\_

Description of work completed: \_\_\_\_\_  
\_\_\_\_\_

Judge: \_\_\_\_\_ Opposing Counsel: \_\_\_\_\_

***I affirm the foregoing is true and correct.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**