

INSTRUCTIONS FOR APPLICATION FOR APPOINTMENT OF COUNSEL

(for use by **incarcerated adult criminal** defendants/appellants)

Fill out the Application For Appointment of Counsel form if you cannot afford an attorney and want the Court of Appeal to appoint one for you free of charge.

If you fail to return the completed Application form, or in the alternative to file a brief on your own behalf, the Court of Appeal will dismiss your appeal. Thus, return the completed form to us as soon as possible.

As soon as we get the form back, we will make arrangements for an attorney to represent you on appeal. If you have hired an attorney, we will notify the court on your behalf. If you have requested a court-appointed attorney by filling in the Application For Appointment of Counsel form, we will send the court the name of an available attorney who is qualified to do your appeal. This is an appointed attorney from the appellate panel or one from this office, it will not be an attorney from the Public Defender's Office. You will be notified when an attorney has been appointed for you.

Please note the following important information about filling out the form:

_____ **DO NOT LEAVE ANY LINE BLANK.** If the correct answer is \$0, place a 0 (zero) on each line. **YOU MUST ANSWER EACH AND EVERY LINE OF THE APPLICATION FORM.** If you don't have it (income, expenses, assets, or dependents), answer 0 or "none." DO NOT use ditto marks ("") for any answer. DO NOT use "N/A" for any answer.

_____ **YOU ARE SIGNING THIS FORM UNDER PENALTY OF PERJURY.** Please make sure the information you write is accurate to the best of your knowledge. If you deliberately provide false answers, a prosecutor may charge you with a crime.

_____ **IF YOU ARE INCARCERATED** the court would like to have an official of the institution at which you are confined sign this form in the space provided. However, if obtaining this signature takes too much time, please complete the form, make sure that you have placed your signature in the space for the appellant, and send the form, along with any other requested information to us.

_____ This application will be sent to the Court of Appeal. The information you provide on the application is **NOT CONFIDENTIAL AND IS SIGNED UNDER PENALTY OF PERJURY.**

In addition, remember that what you say to prison guards, officials, fellow inmates, friends, the press and anyone else other than your attorney, is NOT CONFIDENTIAL and might be used against you in court. **DO NOT TALK ABOUT YOUR CASE WITHOUT FIRST CONSULTING THIS OFFICE.**

Mail form to: **Central California Appellate Program**
2150 River Plaza Dr., Ste. 300
Sacramento, CA 95833

**IN THE
COURT OF APPEAL OF THE STATE OF CALIFORNIA
IN AND FOR THE
FIFTH APPELLATE DISTRICT**

People of the State of California,

Case No.

vs.

County:

County Case No.

Defendant / Appellant.

APPLICATION FOR APPOINTMENT OF COUNSEL

I, _____, appellant in the above-entitled cause, now pending in the Court of Appeal, Fifth Appellate District, do hereby request the court to appoint an attorney to represent me in this matter.

In support of this request, I do hereby certify (or declare) under penalty of perjury that I have no income or assets except as follows:

Dated: _____

Signature of Appellant

CERTIFICATE OF PRISON OFFICIAL

I, the warden or other duly constituted authority, certify that the above-named appellant does not have money or other property on deposit in the prison, except for \$_____.

(Signature)

(Title)