

INSTRUCTIONS FOR APPLICATION FOR APPOINTMENT OF COUNSEL

(for use by **non-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. Return the completed form to us as soon as possible.

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(s) 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.

_____ **IF YOU ARE AN ADULT . . . AND YOU ARE NOT INCARCERATED AND YOU HAVE NO INCOME, BILLS, OR ASSETS . . . YOU WILL NEED TO EXPLAIN TO THE COURT HOW YOU LIVE.** For example, you may live with friends or relatives and they are supporting you. **PLEASE EXPLAIN YOUR SITUATION IN WRITING ON THE APPLICATION FORM OR BY ATTACHING A LETTER OF EXPLANATION, DATED AND SIGNED UNDER PENALTY OF PERJURY.**

_____ You are signing the Application For Appointment of Counsel 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. Your application will be sent to the Court of Appeal. The information you provide on the application is **NOT CONFIDENTIAL.**

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: _____

 [Defendant/Appellant's NAME]

APPLICATION FOR APPOINTMENT OF COUNSEL

I, _____[NAME], appellant in the above-entitled proceeding, now pending in the Court of Appeal of the State of California, Fifth Appellate District, do hereby request the court to appoint an attorney to represent me in this proceeding.

In support of this request, I declare that I have no means of retaining an attorney to represent me; my present income and assets are:

	INCOME	
	Husband	Wife
Gross month income, including welfare, unemployment, etc.	\$ _____*	\$ _____*
Less deductions:		
Income taxes.	_____	
Social Security.	_____	
Unemployment insurance.	_____	
Medical Insurance.	_____	
Union dues, etc.	_____	
Retirement fund.	_____	
Total Deductions.	\$ _____	\$ _____
Net monthly income.	\$ _____	\$ _____

Case No. _____

ASSETS

	Husband	Wife
Savings accounts	\$ _____	\$ _____
Checking accounts	\$ _____	\$ _____
Credit union	\$ _____	\$ _____
Bonds and stocks	\$ _____	\$ _____
Home	\$ _____	\$ _____
Other real estate	\$ _____	\$ _____
Furniture	\$ _____	\$ _____
Auto or truck	\$ _____	\$ _____
(make and year)		
Other vehicles	\$ _____	\$ _____
Other	\$ _____	\$ _____
 Total assets	 \$ _____	 \$ _____

Occupation:

Employer:

My monthly expenses are:

Rent or mortgage	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothes	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Medical, dental	\$ _____	\$ _____
Child care	\$ _____	\$ _____
Other	\$ _____	\$ _____

Installment payments:

Creditor:	Monthly payments	Balance
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Total monthly expenses: \$

I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was executed on _____ at _____, California.

Type or print name

Signature of declarant

Address of declarant