

INSTRUCTIONS FOR APPLICATION FOR APPOINTMENT OF COUNSEL

(for use by all **adult** 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 this application, or in the alternative fail to file a brief on your own behalf, the Court of Appeal will dismiss your appeal. Thus, if you wish to appeal your case, you must return the completed application immediately.**

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.**

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
THIRD APPELLATE DISTRICT

APPLICATION FOR APPOINTMENT OF COUNSEL

I hereby request the court to appoint an attorney to represent me at public expense. In support of such request, I am submitting the following information under penalty of perjury.

FAMILY INCOME:

1. Gross Monthly Income: Husband: \$ _____; Wife: \$ _____
2. Source of Income:

MONTHLY EXPENSES:

3. Rent or Mortgage Payments: \$ _____
4. Food and Clothing: \$ _____
5. Transportation and Utilities: \$ _____
6. Medical, Dental & Child Care: \$ _____
7. Other Debts (Explain in Item 17): \$ _____
- Total Monthly Expenses:** \$ _____

FAMILY ASSETS:

	<u>Value</u>	<u>Owing</u>
8. Cash or savings:	\$ _____	\$ _____
9. Residence:	\$ _____	\$ _____
10. Furniture:	\$ _____	\$ _____
11. Cars, trucks or other vehicles:	\$ _____	\$ _____
12. Real Estate or other Investments:	\$ _____	\$ _____
13. Other Assets:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

14. Are you presently confined in jail or prison: _____ Yes _____ No
15. Number of dependents: _____
16. Number and ages of children dependent on you for support: _____
17. Please write additional comments on reverse side.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____ **Signed:** _____