



**APPLICATION TO BE INCLUDED ON THE INDIGENT DEFENSE PANEL  
FOR THE COURT OF APPEAL, SECOND APPELLATE DISTRICT**

I request to be included on the panel of attorneys that is administered by the California Appellate Project (CAP) for the Court of Appeal, Second Appellate District, in order to be eligible to receive appointments to represent indigent parties in criminal, juvenile, and/or dependency cases in that Court.

**\*\*\*PLEASE ENCLOSE YOUR RESUME, A COVER LETTER, AND TWO WRITING SAMPLES\*\*\***

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS (for UPS and CAP use only; P.O. Box *is not* acceptable)

\_\_\_\_\_  
BUSINESS ADDRESS (for court and client communications; P.O. Box *is* acceptable)

\_\_\_\_\_  
STATE BAR NO.

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
LANGUAGES (please note proficiency, written and spoken)

1. Please list any other appellate district in which you receive appointments:

\_\_\_\_\_

2. List the number of appeals in which you were the **attorney of record**:

	CRIMINAL		DELINQUENCY		DEPENDENCY		CIVIL	
	FINAL	PENDING	FINAL	PENDING	FINAL	PENDING	FINAL	PENDING
California Court of Appeal								
California Supreme Court								
Other appellate courts (specify):								

3. State the year(s) you worked on the appeals above: \_\_\_\_\_

4. List the number of cases you have completed in the trial courts:

CRIMINAL		DELINQUENCY	DEPENDENCY	CIVIL	
JURY TRIALS	COURT TRIALS			JURY TRIALS	COURT TRIALS

5. State the year(s) you worked on the trials above: \_\_\_\_\_

6. Please indicate the types of cases for which you are interested in receiving appointments:

Criminal

Juvenile Delinquency

Dependency

Mental Health/Civil Commitment

Parole Revocation

7. How did you hear about CAP-LA? \_\_\_\_\_

*Applications will be considered on a rolling basis.  
Please email your completed application and the requested materials to [Rocio@lacap.com](mailto:Rocio@lacap.com).*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

