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| Parts in blue print are instructions to user, not to be included in filed document unless so noted. |

*[Attorney’s name, bar number*

*Address and telephone number*

*Email address and fax number if available]*

Attorney for Appellant *[Client name]*

**IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA**

**FOURTH APPELLATE DISTRICT**

**DIVISION** *[NUMBER]*

In re *[CHILD’S INITIALS]*, )

)

[A] Person[s] Coming Under )

The Juvenile Court Law ) COURT OF APPEAL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) No. *[Number]*

)

*[SPECIFIC COUNTY & AGENCY* )

*TITLE]*, )

) SUPERIOR COURT

Plaintiff and Respondent, ) No. *[Number]*

1. )

)

*[PARENT’S INITIALS]* [Mother/Father], ) **REQUEST TO BE**

) **RELIEVED**

Defendant and Appellant )  **AS COUNSEL ON APPEAL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

I was appointed to represent appellant [mother/father], *[parent’s first name & last initial]*, as appellant counsel on *[date]*. I have since determined I will be unable to complete the representation of this client in this case. *[Explain conflict or other matter that requires relief from appointment.]*

For these reasons, I request my appointment be vacated and a new appellate attorney be appointed to represent appellant.

Dated: *[date]* Respectfully submitted,

*[Attorney’s name]*

State Bar No. *[number]*

Attorney for Appellant *[name]*

**PROOF OF SERVICE**