

APPELLATE DEFENDERS, INC.

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Dear Attorney:

Thank you for your inquiry about receiving appointments. Appellate Defenders, Inc. (ADI), is a nonprofit corporation founded in 1972. It assists the Court of Appeal, Fourth Appellate District (San Diego, Riverside, Santa Ana), in administering the appointments system and improving the quality of indigent representation. As part of its duties in this program, ADI evaluates the qualifications of all attorneys seeking appointment, selects an attorney for each case, assists the attorney throughout the case, and recommends compensation.

We receive numerous applications to the panel. For panel members to gain a meaningful amount of experience, we must limit new admissions to applicants with strong skills in writing and legal analysis, as evidenced in their academic record and professional background and writing samples. We look for significant experience in criminal and dependency appeals or other outstanding relevant qualifications. By state judicial policy, applicants must have their main office in California (with limited exceptions for attorneys already receiving independent appointments from other Court of Appeal projects). They must be an active member of the California State Bar to receive case offers.

If you believe you meet these requirements, please complete the application form and return it to us with a resume and two writing samples, substantially your own work, which must be legal documents demonstrating writing, research, and analytical skills. We will evaluate the application materials and let you know whether we can add your name to the panel at this time. If we can admit you, it may be to an active rotation or a waitlist, depending on current needs. The evaluation process takes several months.

We greatly appreciate your interest in accepting appointments to represent indigent persons before the Fourth Appellate District.

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Send this **application form**, a **resume**, and the requested **writing samples** to ADI at the address in the letterhead or email the materials to Lkh@adi-sandiego.com.



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APPLICATION FOR THE FOURTH APPELLATE DISTRICT PANEL

A. Name & Contact Information

	(Main Address)	(For ADI Use Only)
Name:	_____	_____
Street Address:	_____	_____
City, State, Zip:	_____	_____
Phone:	_____	_____
E-mail:	_____	_____

If you use a P.O. Box, please include a street address for receipt of transcripts. Indicate "For ADI use only" if you do not want the street address released to the court or clients. *All attorneys must provide some official address for use of the court and clients.*

B. Please check the types of cases you want to handle:

Criminal ___ Juvenile Delinquency ___
Dependency (W&I §300) ___ LPS Conservatorship ___

C. Indicate any areas of special expertise and interest and any limitations on the types of cases you want.

D. Check any one or more of the divisions where you would accept appointments. (You must be willing to travel to that area whenever necessary for oral argument, review of files and exhibits, investigation, etc.)

Div. 1 (San Diego) ___ Div. 2 (Riverside) ___ Div. 3 (Santa Ana) ___

E. Year of Admission to CA Bar _____ California State Bar No. _____

Law School _____ Date of Graduation _____

Honors & activities in law school (including work, internships, volunteer work), or any other information that is relevant to your law school experience:

F. Do you have any foreign or special language skills and what is your level of fluency, written and spoken? If so, please indicate below.

G. Of the years you have been in practice, please provide an aggregate of how many have been devoted to the types of cases you are applying for? _____.

Describe your experience with these cases and summarize the rest of your experience:

H. Please list the number of appeals you have handled in which appellant's opening brief is on file (if any): _____.

Please list up to five recent or significant cases you have handled. *(If you do not have any, simply skip to the next question.)*

1. Name	Case No.	AOB Date Filed	Citation
Result:			
2. Name	Case No.	AOB Date Filed	Citation
Result:			
3. Name	Case No.	AOB Date Filed	Citation
Result:			
4. Name	Case No.	AOB Date Filed	Citation
Result:			
5. Name	Case No.	AOB Date Filed	Citation
Result:			

I. Please list any relevant seminars or other training programs attended recently:

Date	Subject matter	Sponsor

J. If you are a member in any trial or appellate indigent representation panels, please list them below:

Trial/Appellate Panel	Dates (e.g., 02/13-present or 1999-2004)	Describe Cases (e.g., "felony trials," "misdemeanor appeals")	Number of Appointments

K. If you are a member in any defense related organizations, please list them below:

L. How did you learn about ADI?

M. Please provide **two** references:

1. Name	Phone	Email	Relationship

2. Name	Phone	Email	Relationship

- N. Please attach a resume setting forth your relevant experience and anything else you would like us to know about you.
- O. Please provide a short statement explaining why you are interested in joining the ADI panel and describing how you plan to incorporate appointed appellate work into your practice. For example, do you intend to gravitate toward doing appeals exclusively? Or, are you hoping to maintain an appellate and trial practice? How many hours per week (on average) do you think you would like to devote to appointed appeals? Would you consider joining other appellate projects throughout the state?
- P. You must submit at least two writing samples that demonstrate your ability to research and present arguments on issues of law. Appellant's Opening Briefs are ideal, but if you have none, other persuasive writing is acceptable. Please include copies of the opposing briefs as well, if possible. ADI places very heavy weight on the quality of the writing samples, so choose accordingly. Feel free to include any explanation that you believe will help ADI evaluate the quality of your writing. If the writing bears the signature of another attorney, but was written at least in part by you, explain which parts you wrote and the extent to which your portion was edited by another attorney. Your writing samples will NOT be returned to you, so send copies only.

***I HEREBY CERTIFY** that all of the above information is true. I understand that by submitting this application, I agree in all cases to serve copies of briefs and other filings on Appellate Defenders, Inc., submit compensation claims to it, and consult with it before filing any Wende-Anders or other no-merit brief. In "assisted" cases, I will make transcripts and preliminary drafts of briefs available to Appellate Defenders, Inc., in a timely fashion. I agree in all other respects to cooperate with Appellate Defenders, Inc., staff and program requirements.*

SIGNED: _____ DATE: _____