SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO Application and Agreement for Misdemeanor Appellate Indigent Criminal Defense Panel

Last Name	First	Initial	Firm Name
Office Address	City	Zip	Phone No.
Mailing Address	City	Zip	Phone Number
Law School	Date Graduated		State Bar Number
Date Admitted to Bar			Date Began Practice
Other Bar Memberships		(CCAP –	ships on Other Panels Central California e Project)
MUST ATTACH A COPY	OF CURRENT STATE	BAR MEM	BERSHIP CARD
What percentage of your cur Civil Criminal	-		_
How many years of practice Civil Criminal	——————————————————————————————————————	_	
How many years have you b	een engaged in appellate p	ractice?	
What percentage of your cur	rent practice is devoted to	appeals?	
Have you been the subject of by the Bar of any other State	1 1	by the State	Bar of California or
Yes No			
If yes, attach a detailed describing proceeding.	ription of the nature, date, o	case number	and result of the

I agree to waive confidentiality for the sole purpose of enabling the State Bar of California to notify the Superior Court of California, County of Fresno, of the status of any disciplinary proceeding against me.

	nder penalty of perjury und s on this application are tru	ler the laws of the State of California ne and correct
Date		Signature
	COURT USE	ONLY
ACCEPTED	NOT ACCEPTED \square	Fresno Superior Court Judge