

SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO
Application and Agreement for
Civil Indigent Panel

Last Name	First	Initial	Firm Name
Office Address	City	Zip	Phone No.
Mailing Address	City	Zip	Phone No.
Law School	Date Graduated	State Bar Number	
Date Admitted to Bar		Date Began Practice	
Other Bar Memberships		Memberships on Other Panels (CCAP – Central California Appellate Project)	

MUST ATTACH A COPY OF CURRENT STATE BAR MEMBERSHIP CARD

What percentage of your current practice is devoted to the following areas of law?

Civil _____ Criminal _____ Juvenile _____ Other _____

How many years of practice have you had in the following areas of law?

Civil _____ Criminal _____ Juvenile _____ Other (please specify) _____

How many years have you been engaged in civil practice? _____

How many years have you been engaged in habeas corpus practice? _____

Have you been the subject of a disciplinary proceeding by the State Bar of California or by the Bar of any other State?

Yes _____ No _____

If yes, attach a detailed description of the nature, date, case number and result of the disciplinary proceeding.

Have you been sanctioned by this court or any other court in the past five years?

Yes _____ No _____

If yes, attach a detailed description of the nature and date of the sanctions and the case number.

By signing below, you 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 you.

State any areas of specific expertise and interest, and any limitations on the types of cases for which you are willing to accept appointments:

REFERENCES: List names, address and telephone numbers of three persons familiar with your work.

Please attach a resume setting forth your relevant experience and anything else you would like us to know about you.

Please provide a short statement explaining why you are interested in joining the Civil Indigent Panel

I hereby certify that all of the above information is true. I understand that by submitting this application I agree to cooperate with the Superior Court of California, County of Fresno on any cases assigned to me. I understand that this application will allow inquiry into my professional reputation by the Superior Court of California, County of Fresno

SIGNED: _____ DATE: _____

COURT USE ONLY

ACCEPTED

NOT ACCEPTED

Fresno Superior Court Judge