

**SIXTH DISTRICT APPELLATE PROGRAM  
A NON-PROFIT CORPORATION**

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**APPLICATION FOR THE SIXTH DISTRICT APPELLATE PROGRAM PANEL**

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**Name:** \_\_\_\_\_

**State Bar #:** \_\_\_\_\_

**Business Address**

*(To be used for court and client communication. If a P.O. Box is used, please also provide a physical Mailing Address for transcript delivery in the space provided.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address**

*(If a P.O. Box is used for Business Address, a physical address for transcript delivery is required. This address **will not** be released and will be used for SDAP purposes only.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Law School & Year of Graduation:** \_\_\_\_\_

**Year admitted to California State Bar:** \_\_\_\_\_

**1. Certified Criminal or Appellate Specialist?**    Y        N

**2. Former Public Defender?**    Y        N        **County:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**3. Former Prosecutor?**        Y        N        **Agency:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**4. Former appellate court attorney or law clerk?**    Y        N        **Location/Dates:** \_\_\_\_\_

**5. Private practice?**    Y        N        **Percentage devoted to criminal appellate defense:** \_\_\_\_\_

**6. Describe your criminal appellate defense and other relevant experience:**

**7. Please list and briefly describe the three most significant cases you have recently handled.**

**8. How will you incorporate appointed appellate work into your practice? Do you intend to handle appeals exclusively, or will you practice more in the trial court?**

**9. List any seminars or other training programs on criminal and/or appellate law that you have attended.**

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**10. How many hours per week do you wish to dedicate to appellate practice?** \_\_\_\_\_

**11. Please check any of the areas in which you have experience and wish appointments:**

\_\_\_\_\_ **CRIMINAL**

\_\_\_\_\_ **CIVIL COMMITMENTS (SVP, MDO)**

\_\_\_\_\_ **JUVENILE (W&I 602)**

\_\_\_\_\_ **LPS OR PROBATE CONSERVATORSHIP**

\_\_\_\_\_ **CHILD DEPENDENCY (W&I 300)**

**12. Indicate any foreign language proficiency:** \_\_\_\_\_

**13. State any areas of specific expertise and interest, and any limitations on the types of cases you want:**

\_\_\_\_\_

**14. How did you hear about us?** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**16. REQUIRED DOCUMENTATION - Please include the following documents with your application:**

A. Two sets of appellate briefs (opening, respondent's, reply) with court opinion. If sets of appellate briefs are not available, please include two motions or writ petitions, with any opposition filed.

B. Your current resume.

\_\_\_\_\_

**17. REQUIRED CERTIFICATION**

I hereby certify that all of the above information is true. I understand that by submitting this application I agree to cooperate with the Sixth District Appellate Program on any cases assigned to me through SDAP. In all cases, I will serve copies of briefs and other filings on the Sixth District Appellate Program, will submit compensation claims to it, and will obtain its approval before filing any *Wende* or other no-merit brief. In "assisted" cases, I will make preliminary drafts of briefs available to the Sixth District Appellate Program in a timely fashion and will in all other respects consult and cooperate with the Sixth District Appellate Program.

I understand that this application will allow inquiry into my professional reputation by the Sixth District Appellate Program.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please email completed application to [yoli@sdap.org](mailto:yoli@sdap.org). Include resume and writing samples as attachments.**

Please note that some applicants may be asked to do a brief phone interview (30 minutes). A SDAP Staff Member will reach out to you if this is necessary.