NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY	FOR COURT USE ONLY
E-MAIL ADDRESS:	
	_
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES	
BRANCH NAME: Stanley Mosk Courthouse	
STREET ADDRESS: 111 N. Hill Street	
CITY AND ZIP CODE: LOS Angeles, CA 90012-3014	
APPLICATION FOR APPOINTMENT TO COURT APPOINT	ED COUNSEL PANEL

CONFIDENTIAL – FOR COURT USE ONLY

\_\_\_\_\_, apply for appointment to the Court Appointed Counsel Panel and declare as follows:

- I have read and agree to comply with all sections of the Rules of the Superior Court of California, County of Los Angeles, particularly 7.1101 and Los Angeles Superior Court Rules (CRC) 4.123 and 4.124. Further, I understand and agree that an Annual Compliance Certification for Court Appointed Counsel Panel (Los Angeles Superior Court Form Number PRO-058) must be filed yearly as set forth in California Rules of Court (CRC) 7.1101.
- 2. I am submitting Certification of Attorney Concerning Qualifications for Court Appointment in Conservatorship / Guardianship (Judicial Council Form Number GC-010) with this application along with the following:

	Proof of Professional Liability Insurance Policy attached			
	Proof of Cor	the educational requirements attached		
3.	I request appointmen	Conservator Limited cor <b>Completion</b> LPS Conse Guardiansh Capacity de Tuberculos Guardian A <b>Completion</b> <b>10 years of</b> <b>If so, give</b>	ip of the Person & Estate (Minor's Counsel) terminations and health care decisions for adult without Conservators (Probate C s detention proceedings	Code § 3200)
		accepting appoir	her: Medi-Cal planning (Probate Code §3100 and §3600) Compromises / Judgments, special needs trusts, minors' trusts tments as counsel in conservatorships and guardianship proceedings must meet the qualifications and ements set forth in California Rules of Court Rule 7.1101.	

Ι.

Members of my staff speak the following foreign languages:

- 5. I am willing to accept court appointments in matters pending in the following Superior Court Districts:
  - □ North North District
  - □ East Northeast, East, Southeast, North Central, and South-Central Districts
  - □ Central Central District, and any out of county conservatees.
  - □ West Northwest, South, Southwest, West, and North Valley Districts
- 6. I understand that I may receive limited compensation in some matters.
- 7. Approximately \_\_\_\_\_\_% of my current practice consists of estate planning, estate administration, trusts, guardianship or conservatorship matters.
- 8. I have the following special skills, training and/or experience relating to decedent estate and trust administrations, conservatorship, guardianship matters:

## 9. I am a Certified Specialist in:

- □ Estate Planning, Probate and Trust Law
- □ Taxation
- □ Family Law
- Other:
- 10. If at any time while I am a member of this panel, my status as a member of the State Bar changes or I no longer am covered by professional liability insurance, I agree to notify the Court, in writing, within ten (10) days of that change.
- 11. I understand that submission of an Attorney Application for Appointment to Probate Court Appointed Counsel Panel and/or Annual Compliance Certification for Probate Court Appointed Counsel Panel Attorneys does not guarantee entitlement to appointments as counsel and acknowledge that all appointments of court appointed counsel are entirely within the discretion of the Los Angeles Superior Court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature

Bar Number

Printed Name