

APPLICATION FOR NINTH CIRCUIT APPELLATE PANEL
SOUTHERN DISTRICT OF CALIFORNIA
January 1, 2021 - December 31, 2022 Term

INSTRUCTIONS

Applications to the CJA Appellate Panel for the Southern District of California are accepted annually from September 1 to October 5. Your application and the following documents must be submitted electronically at www.casd.uscourts.gov/Attorneys/CriminalJusticeAct:

1. One writing sample, preferably a Ninth Circuit opening brief, which demonstrates your legal writing skill. **The writing sample must be your own work.**
2. A list of three references who know about your appellate experience, commitment to indigent defense, legal research and writing, written and oral advocacy skills, and time-management skills.
3. A signed Professional Experience Inquiry Authorization and Waiver Form (attached).
4. A signed Acknowledgment Form (attached).

Panel members receive appointments under 18 U.S.C. § 3006A to handle direct criminal appeals and civil appeals from denial of relief under 28 U.S.C. §§ 2254 and 2255 in cases arising out of the Southern District and elsewhere in the Ninth Circuit. Applicants should have significant federal criminal appellate experience or other transferable experience and a commitment to the representation of indigent defendants and petitioners. Excellent time management skills are essential.

The number and types of appointments can vary from year to year. Panel members should expect to receive 1-3 appointments every year. Unless you have made a previous request to be removed from the rotation, you are expected to accept the appointment and not move to be relieved for a reason other than a conflict of interest. Frequent motions to be relieved are a basis for removal from the panel.

Applicants must be members in good standing of the State Bar of California and must be able to travel to any of the district courts or Circuit courts when required. Preference is given to applicants practicing in the Southern District. Members serve at the pleasure of the Ninth Circuit, as delegated to the Administrating Judge of this District Court. Further details regarding membership and removal are included in the enclosed information package.

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A. CONTACT INFORMATION

Name

Address 1

Address 2

City

State

Zip

Email

Office Phone

Cell Phone

Fax Number

B. TYPES OF APPEALS

Check the types of appeals you wish to handle.

Trial-2 Days or Less:

Trial-3 Days or More:

Sentencing:

Conditional Pleas:

Habeas Petitions:

Death Penalty:

C. BAR ADMISSIONS

(1) List the states in which you are licensed to practice:

State

Date of Admission

Bar Number

State

Date of Admission

Bar Number

State

Date of Admission

Bar Number

(2) Date of admission to the Ninth Circuit Court of Appeals: _____

D. DISCIPLINARY HISTORY

(1) During the past five years have you received an Order to Show Cause from any court? If so, please list and explain. You may answer here or attach a separate page.

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- (2) Have you ever been removed from eligibility to receive appointments by any court? If so, please list dates and case numbers, and explain. You may answer here or attach a separate page.

- (3) Have you ever been disciplined by a State Bar or other disciplinary committee? If so, please list the State Bar, date and explain. You may answer here or attach a separate page.

E. RELEVANT EXPERIENCE

- (1) Number of years you have practiced in the following areas:

Federal Appeals:	_____	State Appeals:	_____
Criminal Practice:	_____	Habeas Petitions:	_____
Immigration:	_____	Death Penalty:	_____

- (2) Number of appeals and habeas petitions filed in the last three years:

Federal Criminal Appeals:	_____	State Criminal Appeals :	_____
Federal Habeas Petitions:	_____	State Habeas Petitions:	_____
Federal Civil Appeals:	_____	State Civil Appeals:	_____
Immigration Pet. for Review:	_____	Death Penalty:	_____

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- (3) Briefly summarize your experience, including subject matter of work, frequency of trials, frequency of appeals, and any significant experience or interest in a certain subject matter (e.g. alien smuggling, drugs, child porn, habeas, etc.), or any limitations. You may also attach a resume to fulfill this requirement.

- (4) Please list the last three cases in which you filed an opening brief in the Ninth Circuit. Please also list up to two other cases in which you were counsel of record through an entire criminal or habeas appeal, including briefing and oral argument. List the case name and number, name of opposing counsel, disposition and significance. You may substitute cases from other jurisdictions, if necessary. If you have not completely handled five appellate matters in any court, please explain your relevant qualifications and experiences and how those will be transferable to Ninth Circuit appellate practice. You may answer on a separate page.

1.	Case Name	Case Number	Opposing Counsel
	Disposition	Significance	
2.	Case Name	Case Number	Opposing Counsel
	Disposition	Significance	
3.	Case Name	Case Number	Opposing Counsel
	Disposition	Significance	
4.	Case Name	Case Number	Opposing Counsel
	Disposition	Significance	
5.	Case Name	Case Number	Opposing Counsel
	Disposition	Significance	

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I. REFERENCES

Please list three references who know about your appellate experience, commitment to indigent defense, legal research and writing, written and oral advocacy skills, and time-management skills. You may submit up to two letters of reference from people familiar with your work.

1.	_____	_____
	Name	Address
	_____	_____
	Phone Number	Relationship
2.	_____	_____
	Name	Address
	_____	_____
	Phone Number	Relationship
3.	_____	_____
	Name	Address
	_____	_____
	Phone Number	Relationship

J. WRITING SAMPLE

Please attach a recent writing sample, preferably a Ninth Circuit opening brief, which demonstrates your legal writing skills. **The writing sample must be your own work.**

K. CERTIFICATION

I certify that the above information is true and correct. I also understand and agree to abide by the rules for the CJA appellate voucher preparation, available on the court's website, under "Attorney Assistance," "Criminal Justice Act."

Printed Name

Signature

Date

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**PROFESSIONAL EXPERIENCE INQUIRY
AUTHORIZATION AND WAIVER FORM**

I hereby authorize the administrators of the disciplinary and inquiry bodies of any court, bar or other association to disclose to the Criminal Justice Act Appellate Panel Administration for the Southern District of California all information contained in the files of such bodies concerning my present professional status, all complaints which have been made against me, and their disposition. I expressly waive whatever right I may have to confidentiality of the foregoing information.

I also hereby authorize the custodian of any records or information related to my application for the Criminal Justice Act Appellate Panel for the Southern District of California to permit the examination or receipt of such records and/or information by anyone designated by the Criminal Justice Act Appellate Panel Administration for the Southern District.

Printed Name

Social Security Number

Signature

Date

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ACKNOWLEDGMENT FORM

I understand that attorneys are selected to serve on the panel at the pleasure of the Court to represent indigent defendants; that this application only provides information for the use of the Administrating Judge, by delegation from the Chief Judge of the Southern District, to select members of the panel and does not create entitlement for participation on the panel or appointment to cases; and that panel attorneys are subject to removal by the Administrating Judge.

I understand and agree that representation of an indigent client upon appointment by the Court is a professional privilege and duty and that even if I am placed on the panel, I have no “right to appointment” to represent any indigent client.

I understand that failure to provide true and correct information in answer to any of the questions on this form will be grounds for denial of panel membership or removal from service on the panel at any time in the future.

I certify that I have read and understand the above and agree to it.

Printed Name

Signature

Date