

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME:	<b>FOR COURT USE ONLY</b>
<b>PEOPLE OF THE STATE OF CALIFORNIA</b>  _____ VS.  DEFENDANT:	CASE NUMBER:
<b>DECLARATION OF COUNSEL FOR APPOINTMENT IN CAPITAL CASE</b>	

I request appointment under rule 4.117 of the California Rules of Court (please check 1 or 2):

1.  My qualifications are set forth in the declaration on file with this court.
2.  My qualifications are *(attach additional sheets if necessary)*:
  - a.  I am an active member of the State Bar of California. My State Bar number is:
  - b.  I am admitted to practice *pro hac vice* pursuant to rule 9.40.
  - c.  I have the following criminal or civil trial experience *(specify case name, number, county, judge, and your role, including whether you were lead or associate counsel)*:
  
  - d.  I have the following experience in death penalty trials *(specify case name, number, county, judge, and your role, including whether you were lead or associate counsel)*:
  
  - e.  I have the following experience with expert witnesses and psychiatric and forensic evidence *(specify)*:
  
  - f.  In the past *(specify)*: \_\_\_\_\_ years, I have completed *(specify)*: \_\_\_\_\_ hours of specialized training in the defense of persons accused of capital crimes *(specify nature of training)*:
  
  - g.  I have ongoing consultation support from the following experienced death penalty counsel *(name and address)*:
  
  - h.  I am certified by the State Bar of California's Board of Legal Specialization as a criminal law specialist.

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)