SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY

APPLICATION FOR INDIGENT DEFENSE SERVICES FOR JUVENILE DEPENDENCY PANEL

LAST NAME	FIRST NAME	FIRM NA	ME
OFFICE ADDRESS	CITY	ZIP CODE	TELEPHONE
MAILING ADDRESS	CITY	ZIP CODE	TELEPHONE
OFFICE PHONE	CELL PHONE	FAX NUN	MBER
EMAIL ADDRESS			
LAW SCHOOL		GRADUA	ATION DATE
STATE BAR NUMBER	DATE ADMITTED TO BAR		
	leration for appointments to the panels listed below, howeve		
Please check the panels	you wish to be considered fo	r:	
☐ Minor Children Repres	entation – <i>Must complete</i> Sect	ion 2 of this ap	plication
□ Parents Representation	n		
□ Both Parents and Child	lren - Must complete Section 2	of this annlica	ation

APPLICATION

SECTION 1. MINIMUM QUALIFICATIONS

Attorney must have a minimum of six (6) months of recent experience in dependency proceedings before the Monterey County court or equivalent from another Court. They must also have participated in at least eight (8) hours of training or education in juvenile dependency law.

In the area below, describe how you comply with this re	equirement. You may also attach a
second page if necessary.	equilement. Tou may also attach a
TION O ADDITIONAL OUALIEIGATIONS FOR ATTO	SOUTH ADDITION THE MINOR
TION 2. ADDITIONAL QUALIFICATIONS FOR ATTO CHILDREN REPRESENTATION PANEL	RNEYS APPLYING FUR THE MINUK
Education and training requirements:	
Please describe any education and training in the sub	jects below.
Statutes, rules of court, and case law relating to ch	nild custody and visitation:
Representation of a child in custody and visitation	proceedings:

3. Special Issues in representing a child including the following:		
	a.	Various stages of child development;
	b.	Communication with a child at various developmental stages and presenting the child's view;
	C.	Recognizing, evaluating and understanding evidence of child abuse and neglect, family violence and substance abuse, cultural and ethnic diversity, and gender-specific issues;
	d.	The effects of domestic violence and child abuse and neglect on children:
	e.	How to work effectively with multidisciplinary experts;

	TIONAL EXPERIENCE describe any professional expe	eriences not already in	dicated in this application	
	form will expand automatically			_
Please list three (3 California Court. N	,	the RFSQ, Applicants	are not to contact any judge	e or
Judicial Referenc	e #2			
Judicial Referenc	e #3			
Please list three (3	ORNEY REFERENCES attorneys who are familiar wite erences can be contacted. You	•		
Attorney Reference	ce #1			
Name:				
Phone Number:				
Email Address:				

Attorney Referen	nce #2	
Name:		
Phone Number:		
Email Address:		
Attorney Referer	nce #3	
Name:		
Phone Number:		
Email Address:		
In addition to the	RRICULUM VITAE (CV) / RESUME Application, please attach your CV or Resume. This should include any experience be of services for which you are applying.	
Yes □ No □	I have been the subject of a disciplinary proceeding by the State Bar of California or by the Bar of any other state. If you answered "yes" to the above, attach a detailed description of the nature, date and result of the disciplinary proceeding.	
Yes □ No □		
	I agree to waive confidentiality for the sole purpose of enabling the State Bar of California to notify the Court of the status of any disciplinary proceeding pending against me.	
Yes □ No □	California to notify the Court of the status of any disciplinary proceeding pending	