

SUPERIOR COURT OF CALIFORNIA
COUNTY OF MERCED

Application for Family Law Facilitator/Self Help Attorney

Please type or legibly print your answers. If a question is not applicable, indicate this by writing N/A. Applicants must initial each page of the application as indicated on the bottom of the page. Attach additional pages as necessary.

Please mail to or drop off your application at the following address:

**Human Resources
Superior Court of California, County of Merced
627 West 21st Street, Room 20
Merced, CA 95340**

1. Contact Information

Name: _____ California State Bar No.: _____
Business Address: _____ Daytime Telephone: _____
_____ Evening Telephone: _____
_____ Fax: _____
E-mail Address: _____ Cell: _____

2. Professional and Personal Qualifications

Date of Admission to the State Bar of California: _____ Years of active membership: _____ I am currently a member in good standing in the State Bar of California

I have a minimum of five years experience in the practice of law, which includes substantial family law, litigation &/or mediation

I am also admitted to practice law in the states listed below:

State: _____	Date of Admission _____	Years of active membership _____	<input type="checkbox"/> I am currently a member in good standing
State: _____	Date of Admission _____	Years of active membership _____	<input type="checkbox"/> I am currently a member in good standing

Initials: _____

Name: _____

State Bar Number: _____

Professional and Personal Qualifications (Continued)

I am certified as a specialist by the State Bar of California Board of Legal Specialization or by an organization whose certification program has been accredited by the State Bar of California.

Areas of specialization: _____

I am certified as a legal specialist by other states or organizations as follows: _____

Areas of specialization: _____

Have you ever been disciplined by the State Bar of California or by a bar association or other professional licensing entity in any state or by a court of record, including being held in contempt? *(if yes, please provide additional information in an Attachment)*

Yes
 No

Have you ever been convicted or pleaded no contest to a violation of any federal law, state law, county or municipal law, or ordinance? Do not include traffic or parking violations, unless it also included a jail sentence, including an alternative sentencing program *(if yes, please provide additional information in an Attachment)*

Yes
 No

Are you a defendant in any pending felony or misdemeanor proceeding? *(if yes, please provide additional information in an Attachment)*

Yes
 No

Have you ever had a judgment entered against you in connection with your role as an attorney? *(if yes, please provide additional information in an Attachment)*

Yes
 No

Initials: _____

Name: _____

State Bar Number: _____

3. Practical Experience

The principal portion of my law practice in California is in the following courts (*specify state and federal courts, including trial and appellate courts, if applicable*): _____

I currently practice in the following areas of law (*list each subject area of law and the percentage of time you spend in each area*):

_____ % _____ %
_____ % _____ %

Do you hold yourself out publicly as representing exclusively one side in any area of litigation practice? Yes No
If yes, provide the following information:

Area of Practice

Side Represented

Do you represent one side in more than 90 percent of your cases in any area of litigation practice? Yes No
If yes, please provide the following information:

Area of Practice

Side Represented

Describe your trial and litigation experience (*including names of co-counsel and opposing counsel*):

Initials: _____

Name: _____

State Bar Number: _____

4. Experience and Training as Self Help/Family Law Facilitator

Describe any experience you have that qualifies you to serve as Family Law Facilitator/Self Help Attorney? (Reference California Family Code 10000-10015) Describe any experience in related areas:

Describe any training you have received that qualifies you to serve as Family Law Facilitator/Self Help Attorney? (Reference California Family Code 10000-10015) Describe any training you have received in related areas. **Attach a copy of Certificate of Completion for each training course completed.**

Family Law (describe):

Probate/Guardianship (describe):

Civil Law (describe):

Ethics (describe):

Additional training information (describe).

Initials: _____

Name: _____

State Bar Number: _____

5. Additional Information

Please respond to the following, if applicable:

The following facts concerning my background, situation, or circumstances may positively or negatively reflect on me or on my suitability for appointment and should be disclosed to the court.

Continued in an Attachment

I ask the court to consider the following additional facts in support of my appointment:

Continued in an Attachment

Initials: _____

Name: _____

State Bar Number: _____

6. References

List four or more judicial officers or members of the Bar who are familiar with your work:

Name _____ Name _____

Title _____ Title _____

Address _____ Address _____

Telephone No. _____ Telephone No. _____

E-mail Address _____ E-mail Address _____

Name _____ Name _____

Title _____ Title _____

Address _____ Address _____

Telephone No. _____ Telephone No. _____

E-mail Address _____ E-mail Address _____

7. Availability

The Self Help/Family Law Facilitator office will be open Monday through Friday 8:00 a.m. to 2:00 p.m. in the N Street Courthouse in Merced.

I am available to serve as follows (describe days & hours):

Initials: _____

Name: _____

State Bar Number: _____

I understand and acknowledge that the selection and appointment of a Family Law Facilitator/Self Help Attorney contract is solely at the discretion of the court for the purpose of assisting the public and does not constitute an employment relationship.

I am aware of and will comply with all provisions of the Code of Judicial Ethics and the California Rules of Court concerning California and Family Code Self Help/Family Law Facilitator

I declare under penalty of perjury under the laws of the State of California that the foregoing, including statements made in all attachments, is true and correct. I understand that any misstatement or omission of material fact may disqualify me from serving as Family Law Facilitator/Self Help Attorney in this court.

Date: _____

(TYPE OR PRINT NAME OF APPLICANT)

(SIGNATURE OF APPLICANT)

This application is not complete unless the Waiver and Authorization for Release of Information on the next page is signed by the applicant.

Initials: _____

Name: _____

State Bar Number: _____

WAIVER AND AUTHORIZATION FOR RELEASE OF INFORMATION

I have applied to be appointed as a Family Law Facilitator/Self Help Attorney in the Superior Court of California, County of Merced.

I hereby authorize the State Bar of California and the attorney-licensing authority in any other state where I am admitted to practice law to release to an authorized representative of the court information regarding the following matters: (1) whether I am in good standing or am otherwise authorized to practice law as a member of the State Bar of California or as an attorney in any other state where I am admitted to practice law; (2) whether I have a record of discipline with the State Bar of California or with the licensing authority for attorneys in any other state where I am admitted to practice law; and (3) whether any disciplinary investigation or proceeding is pending against me by the State Bar of California or by the licensing authority for attorneys in any other state where I am admitted to practice law.

Date: _____

(TYPE OR PRINT NAME OF APPLICANT)

(SIGNATURE OF APPLICANT)

(CALIFORNIA STATE BAR NUMBER OF APPLICANT)