SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	*FOR COURT USE ONLY*
PEOPLE OF THE STATE OF CALIFORNIA v. Defendant(s):	
DECLARATION OF COUNSEL FOR APPOINTMENT IN CAPITAL CASE	CASE NUMBER:

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)

Form Adopted for Mandatory Use
Judicial Council of California
CR-191 [Rev. January 22, 2019]

Cal. Rules of Court, rule 4.117
www.courts.ca.gov

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form Save this form Clear this form