



# SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

CENTRAL DIVISION, CENTRAL COURTHOUSE 1100 UNION ST., SAN DIEGO, CA 92101

## COURT-APPOINTED ATTORNEY COVER SHEET

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

- I would like to continue as a court-appointed attorney. (Annual Certification of Court-Appointed Attorney [JC Form #GC-011] must be attached.)
- I would like to be added to the list of attorneys who may be appointed by the court to represent parties in probate cases, also known as the Court-Appointed Attorney List. (Certificate of Attorney Concerning Qualifications for Court Appointment [JC Form #GC-010] must be attached.)
- I would like to be added to the list of attorneys who may be appointed by the court to represent parties in probate cases, also known as the Court-Appointed Attorney List, but I have not fully satisfied the requirements of Cal. Rules of Court, rule 7.1101. (Certificate of Attorney Concerning Qualifications for Court Appointment [JC Form #GC-010] must be attached.)
  - I speak a language other than English.
  - I have attached a letter of support from an attorney currently active on the Court-Appointed Attorney List.
  - I have observed three conservatorship court calendars in the last 90 days.
  - I ask the court to find good cause to waive the requirements of Cal. Rules of Court, rule 7.1101 for my appointment in individual cases where my language skills would be of benefit.

Note: Proof of current professional liability insurance must be attached to all requests.

### STATE WHICH TYPES OF CASES YOU WILL ACCEPT:

TYPE OF CASE		COMMENTS
Guardianships	<input type="checkbox"/>	
Conservatorships	<input type="checkbox"/>	
Limited Conservatorships	<input type="checkbox"/>	
Major Neurocognitive Disorder Auth. Prob. Code § 2356.5	<input type="checkbox"/>	
Patient – Med Auth. Prob. Code § 3205	<input type="checkbox"/>	
Guardian Ad Litem	<input type="checkbox"/>	

- I would like to be removed from the Court-Appointed Attorney List.
- I will NOT be available for appointments on the following days: \_\_\_\_\_.
- Language(s) spoken other than English: \_\_\_\_\_.

If appointed to a case I understand the following:

- I will be appointed on a rotational basis.
- Fees for my services will be paid by the parties when available, but are otherwise paid by the County of San Diego.
- I must notify the court in writing of a conflict of interest within 10 days from the date of mailing of the order.
- If no conflict of interest exists, the appointment will be effective at the end of the 10-day period and court approval would be necessary for removal from the case thereafter.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney