

APPOINTED ATTORNEY NAME, SBN
ADDRESS
TELEPHONE NUMBER
Attorney for Appellant [CLIENT'S NAME]

COURT OF APPEAL OF THE STATE OF CALIFORNIA
[FIFTH/THIRD] APPELLATE DISTRICT

PEOPLE OF THE STATE OF CALIFORNIA,)
) [5/3] Crim. [APPEAL NO.]
Plaintiff and Respondent,)
) (NAME County
) Superior Court
) No. COUNTY NUMBER)
v.)
) REQUEST FOR AUTHORITY
APPELLANT'S NAME,) TO ASSOCIATE COUNSEL)
Defendant and Appellant.)

Appointed counsel, [YOUR NAME], requests permission to associate [NAME/ADDRESS/ TELEPHONE NUMBER/STATE BAR NUMBER.] [Briefly describe where the case is procedurally, i.e., the Appellant's opening brief has been filed.] This request for association of counsel is necessary [DESCRIBE WHY, i.e., I am a sole practitioner. I am scheduled to be out of the country on vacation for one month and will be unavailable should the court require further briefing.] [NAME OF ATTORNEY YOU WISH TO ASSOCIATE] is experienced in [criminal/dependency] appellate law. [BRIEFLY DESCRIBE THE EXPERIENCE].

Any compensation claims in this case will be filed in the name of and signed by appointed counsel; a separate claim will not be filed by associated counsel.

Dated: _____, at _____, California.

Respectfully submitted,

ATTORNEY'S NAME
Attorney for Appellant [client name]

ASSOCIATE COUNSEL SIGNATURE: _____

IT IS SO ORDERED _____

DATE: _____